

X Grade



Dear Parent/Family Partner, Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give me your reactions to your child’s ilearn@home activities. Write YES or NO for each statement.

 \_\_\_\_\_\_\_ My child understood the assignments and was able to discuss them.

 \_\_\_\_\_\_\_ My child and I enjoyed the activities.

 \_\_\_\_\_\_\_ These assignments helped me know what my child is learning in school.

Any other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Reading:**  | **Physical Education:**  | **Penmanship:**  |
| **Math:**  | **Health:** | **Arts & Humanities:**  |
| **English/Writing:**  | **Science:**  | **Social Studies:**  |