



# Home/School Collaboration

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# Home/School Collaboration

To be completed by Parents/Caregivers

**Student's Name:**

**Teacher:**

**Date:**

**Grade:**

**Reason for this meeting:**

**This student's greatest strengths are:**

**This student is passionate about:**



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**This student struggles with the following skill areas:**

**Executive Function  
Language Processing**

**Emotion Regulation  
Social Skills**

**Cognitive Flexibility**

**Specific expectations at home that this child has had difficulty meeting:**

**We have identified the following triggers for this student:**



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**Problems that we are solving/  
have solved at home**

**Solutions / strategies we have  
put in place**

**Summary of what has worked well:**



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To be completed by Teacher or School Team

**Student's Name:**

**Date:**

**Teacher/School Team Name(s):**

**Reason for this meeting:**

**The problems we are facing with this student are:**

**We have already tried the following strategies for addressing the problem(s):**





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**Strategies that have definitely helped:**

**Strategies that may help sometimes:**

**Strategies that have not helped or escalate the situation**

**Recommended action steps:**