**Home Learning Feedback**

**Student Name:**

**Date:**

This form is for you to share how your young person is engaging with their home learning. Please add as much detail as you can to help us to know how well the activities are working and how much support they need to be able to complete each activity. It will also help us to know which skills they have been able to retain and transfer to home learning. Please include feedback on every activity that has been sent; even if you haven’t managed to try it or it hasn’t gone well. We will be able to see which activities students enjoy and engage with which will allow us to tailor the home learning packs further. This feedback would be really appreciated, thank you.

The home learning packs are hopefully something supportive to make being away from college easier and to maintain skills that were being worked on in college. Please understand that there is no pressure from QAC with regards to how much work is completed or how well the students are engaging with their home learning. We understand that students will have a different approach to work at home and may not want to do activities that they associate with college.

|  |  |
| --- | --- |
| **How easy or difficult have they found completing the home learning packs within the home environment?** | **Comment:** |

|  |  |  |
| --- | --- | --- |
| **Do you need more support to create structure at home to help with home learning?** (Please circle your answer) | YES | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Activity:** | **Completed (Yes/ No/ Partly)** | **Repeated (where needed)** | **How did the student engage?** (Please include feedback on the skills listed on the instruction sheet) | **Did they enjoy doing it?** | **How much help did they need?** |
| *Example:*  *Bingo* | *No* | *No* | *Initially refused. Have tried several times to encourage them but is still refusing.* | *No.* | *None as they wouldn’t do it.* |
| *Example:*  *Colourful Semantics/sentence building* | *Yes* | *Once a week* | *Recognised the activity and knew what to do. We looked at the picture first and then I gave them two options for each colour and they were able to choose the correct one most of the time. They then said the sentence sometimes remembering to say the words in between the symbols such as the/is.* | *Sometimes* | *Reminders to concentrate and look at the picture before choosing the sentence.* |
| *Example:*  *Hoovering* | *Yes* | *Yes - twice a week* | *Very keen to hoover, did the living room and the hallway. Got hoover out and put it away happily.* | *Yes - enjoyed hoovering a lot.* | *Needed help with the cord and moving items out of the way.* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Are there any activities that you have struggled to complete or had to adapt due to lack of equipment?** | **Comments:** |

Completed by: ……………………………………………………………….

Thank you for completing this form.