|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DAY** | **HOMEWORK:**  | **Caregiver 1’s Signature** | **Caregiver 2’s Signature** | **Caregiver 3 or Patient’s Signature** |
| **Sunday** | Tally:  |  |  |  |
| **Monday** | Tally: |  |  |  |
| **Tuesday** | Tally: |  |  |  |
| **Wednesday** | Tally: |  |  |  |
| **Thursday** | Tally: |  |  |  |
| **Friday** | Tally: |  |  |  |
| **Saturday** | Tally: |  |  |  |

Notes/Comments:

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