



HOMWORK FEEDBACK SLIP

RCA Skill Builder Program

Student Name:

Title of Work / Assignment:

Please check one:

- ☐ The student is struggling with this homework.
- ☐ This homework is too easy for the student.

Please explain the specific question, skill, or section causing concern:

Parent / Guardian Name:

Signature / Initials:

Date:

Please return this slip to the teacher with the homework or homework log.



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