

CDI Home Practice Sheet

Caregiver's Name_

Relationship to Child

Child's First Name_____

Date	Did you spend 10 minutes in Special Time today?		Activity	Problems/Questions/ Comments
	Yes	No		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Adapted from the *Parent-Child Interaction Therapy Protocol* (Eyberg & Funderburk, 2011) and based on Chapter 10: Older Children in *Parent-Child Interaction Therapy* (McNeil & Hembree-Kigin, 2010)