



# Building Blocks

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## PDI Homework Sheet

\_\_\_\_\_ Mother \_\_\_\_\_ Father

Child's First Name \_\_\_\_\_

Date	Did you practice for 5 minutes?		Activity	Problems or questions in this special time
	Yes	No		
Monday _____ Date				
Tuesday _____ Date				
Wednesday _____ Date				
Thursday _____ Date				
Friday _____ Date				
Saturday _____ Date				
Sunday _____ Date				