**Child-Directed Interaction (CDI) Homework**

Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Day/Date | Check each day you did 5 minutes of CDI | Activity | Concerns or questions about CDI |
| Monday\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Tuesday\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Wednesday\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Thursday\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Friday\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Saturday\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Sunday\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |