

## What Happened at Home and Work Communication Form

**Name:**

**Date:**

This form is designed to help with communication between work and home. It can help to identify events that happened in one setting, which may impact performance or behavior in the other setting.

### **Section 1**

*Identify events that happened at home that may affect work performance.*

<b>Home Events That May Affect Work</b>	<b>Notes from Home</b>
<p>Interrupted sleep or no sleep</p> <p>Didn't eat or had minimal breakfast/ lunch</p> <p>Rushing to get ready for work</p> <p>Change in schedule</p> <p>Transportation challenges (public transportation delayed; change in transportation driver; vehicle problems, etc.)</p> <p>Technology challenges (limited screen time; internet service interrupted, etc.)</p> <p>Biological challenges (medication changes; gastrointestinal difficulties; illness, etc.)</p> <p>Sensory challenges (seeking or avoiding more than usual)</p> <p>Other:</p>	

**Section 2**

*Identify events that happened at work which may have been impacted by home events or may affect behavior/needs at home.*

<b>My Day at Work</b>	<b>Notes from Work</b>
Came Prepared for Work Missing Necessary Work Materials	
Stayed on Schedule Struggled to Stay on Schedule	
Needed Minimal Breaks Requested Additional Breaks	
Completed Assigned Tasks Completed Extra Tasks Did Not Complete Assigned Tasks	
Used Sensory Strategies Independently Used Sensory Strategies with Prompting/Support Sensory Challenges (seeking or avoiding more than usual)	
Effectively Communicated with Supervisors and Coworkers Struggled to Effectively Communicate with Supervisors and Coworkers	
Socialized in a Manner Appropriate for Work Struggled to Socialize Appropriately	
Other:	