



**CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES, INC.**

Daily Homework Report

Resident Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Subject</b>	<b>Homework Assignment</b>	<b>Behavior</b>	<b>Teacher's Signature</b>

**Teachers:** It is the student's responsibility to bring this form to you each day. By providing the above information, you will help the staff of CCYS know what areas need to be addressed with this student when they return to the shelter from school. If you have any questions, or would like to speak in more depth about this student, please feel free to contact the Residential Director/Counselor at 284-5229.

Thank you for your time and help in this matter.

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Resident Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_