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| **EVALUATION TO DO WITH THE FAMILY**  **DURING CONFINEMENT** | | | |
| **TO THINK...** | | **YES** | **NO** |
| 1. HAVE WE DONE THE ACTIVITIES? | |  |  |
| 1. HAVE I LEARNED NEW THINGS? | |  |  |
| 1. HAVE WE MADE THEM WITH EFFORT AND ENJOYING THE RESULTS? | |  |  |
| 1. HAVE I IMPROVED IN AUTONOMY? | * DRESSING AND UNDRESSING |  |  |
| * EAT ALONE |  |  |
| * CLEAN ME UP |  |  |
| 1. HAVE I COLLABORATED IN THE HOUSEHOLD TASKS? | * SET AND UNSET THE TABLE |  |  |
| * PICK UP THE TOYS |  |  |
| * TIDY UP MY CLOTHES |  |  |
| * COLLABORATE IN THE KITCHEN |  |  |
| 1. HAVE I COLLABORATED IN THE HOUSEHOLD TASKS? | |  |  |

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| **EVALUATION TO DO WITH THE FAMILY**  **DURING CONFINEMENT** | | | |
| **TO THINK...** | | **SI** | **NO** |
| 1. AT THE TIME OF DRAWING, BUILDING, REPRESENTING, PLAYING... | * HAVE I WORKED IN SILENCE TO CONCENTRATE? |  |  |
| * BEFORE STARTING, HAVE I THOUGHT ABOUT WHAT I WANT TO DO? |  |  |
| * I KNOW HOW TO DO THE MOVEMENTS OF THE WRIST AND FINGERS? (FINE MOTOR SKILLS) |  |  |
| * AT THE TIME OF DRAWING, I HAVE SLOWLY ERASED BEING CAREFUL WITH THE PAPER? |  |  |
| * AT THE TIME OF PAINTING HAVE I TRIED NOT TO GET OUT OF THE LINE? |  |  |
| * HAVE I IMPROVED IN CONCENTRATION AND MEMORY? |  |  |
| * HAVE I PREPARED THE REQUIRED MATERIAL BEFORE STARTING? |  |  |
| * HAVE WE TALK ABOUT THE RESULT, IF I LIKE IT, OTHER POSSIBILITIES? |  |  |
| * HAVE I WRITTEN THE NAME, THOUGHT A TITLE? |  |  |

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| **WHAT HAVE I LEARNED THIS WEEK? I CAN WRITE OR DRAW.** |