

CDI Homework Sheet

Child's Name: _____ Date: _____

Parent Goal _____ Parent Strength _____

| | | | | | | |
|----|---|-------------|--|-------------------------------------|---|--|
| 10 | | | | | | |
| 5 | | | | | | |
| 1 | | | | | 3 | |
| | Praise "I like how you-" "Good Job__" | Reflections | Behavior Descriptions "You are—" | Questions Commands Criticisms | | |

| Date | Did you spend 5 minutes in Special Time Today? | | Goal(s) focused on today | Problems or questions in Special Time |
|-----------|--|----|--------------------------|---------------------------------------|
| | Yes | No | | |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |

Strengths to Practice Daily

When practicing your PRIDE skills and use of The Rule is, when then/if then statements and choices which strengths will you bring with you?

What behaviors will you practice your strengths on this week?

| Trigger | Strength Practiced | What happened/ How did I cope? |
|---------|--------------------|--------------------------------|
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