

ICS Head Start

Volunteer/Parent/Child Interaction

Non-Federal Share

Child's Name _____ Month _____ Year _____ CENTER _____

Each month you will receive this form to work with your child at home, as guidance support for your child's Head Start classroom experience.

Parent/Guardian: To help us keep track of your child's participation, please **circle the activities you work on with your child**. Then, each day, **write the total number of activities completed in the space below the date**. Activities may be repeated on different days.

<u>Reading</u> -Read a book with your child. -Let the child look at the pictures and re-tell the story to you.	<u>Writing</u> -Practice naming <u>and</u> writing letters of the alphabet. -Help your child identify the letters in their name, count the letters in their name, <u>and</u> write their name.	<u>Math</u> -Practice counting <u>and</u> writing to 20. -Cook with your child. Practice measuring. -Count objects (spoons, toys, books, blocks, socks)	<u>Spelling</u> -Practice spelling <u>and</u> writing these basic words: red, blue, green, black, yellow, jump, run, big, help, can, look, play, said, down, come, you, we, see, little, me, two, and	<u>Recognition</u> -Practice saying and recognizing different shapes <u>and</u> colors. -Talk about road signs, what they mean, and why they are important.	<u>Mealtime</u> -While your child is eating, talk about the food and describe how it tastes: sweet, sour, soft, hard, cold, hot, etc. -Talk about the day or the weather.	<u>Sing or Rhyme</u> -Sing songs with your child. -Talk about words that rhyme, such as words in a favorite nursery rhyme (hill-Jill, wall-fall).	<u>Comprehension</u> Review material that the teacher sends home. <u>Physical</u> -Exercise or dance with your child. -Work on a project with your child.
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Example: If you worked on 3 activities with your child on Monday, circle those 3 activities and write "3" below the date for Monday. If you repeat some or all of those activities on Tuesday-Sunday, record the total completed that day. Once an activity has been circled for this month, there is **no need to circle it again**, simply record the total number of activities completed for that day. Do not record more than 6 activities per day.

Monthly DATE ➡	1 st	2 nd	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Monthly TOTAL
Activities Per Day ➡																																

Parent's Printed Name _____ Parent's Signature _____

I certify that I completed the information above and it is correct to the best of my knowledge.

~~~STAFF WILL COMPLETE ITEMS BELOW THIS LINE~~~

Teacher/Assistant Printed Name \_\_\_\_\_ Teacher/Assistant Signature \_\_\_\_\_ Classroom \_\_\_\_\_

Each activity that the parent does with the child will count as 15 minutes. Multiply the number of activities by 15 minutes. Convert into hours. Round off total hours to the half hour. 48 hours is the maximum for one month. Example: total number of activities 6 x 15 minutes = 90 minutes  $\frac{90}{60} = 1.5$  hours

Total Number of Activities \_\_\_\_\_ x 15 minutes = \_\_\_\_\_ minutes  $\frac{\quad}{60}$  60 minutes ➡ TOTAL HOURS \_\_\_\_\_ x \$23 = \_\_\_\_\_

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

AUTHORIZED APPROVAL \_\_\_\_\_

I certify that the information reported above is correct to the best of my knowledge.

Child's Name James Brown Month July Year 2026 CENTER Deer Creek Head Start Preschool **EXAMPLE**

Each month you will receive this form to work with your child at home, as guidance support for your child's Head Start classroom experience.

**Parent/Guardian:** To help us keep track of your child's participation, please **circle the activities you work on with your child**. Then, each day, **write the total number of activities completed in the space below the date**. Activities may be repeated on different days.

| <u>Reading</u>                                                                               | <u>Writing</u>                                                                                                                                                                     | <u>Math</u>                                                                                                                                        | <u>Spelling</u>                                                                                                                                                                       | <u>Recognition</u>                                                                                                                          | <u>Mealttime</u>                                                                                                                                             | <u>Sing or Rhyme</u>                                                                                                            | <u>Comprehension</u>                                                                                                                                     |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| - book with your child.<br>-Let the child look at the pictures and re-tell the story to you. | -Practice naming <u>and</u> writing letters of the alphabet.<br>-Help your child identify the letters in their name, count the letters in their name, <u>and</u> write their name. | -Practice counting <u>and</u> writing to 20.<br>- Cook with your child. Practice measuring.<br>-Count objects (spoons, toys, books, blocks, socks) | -Practice spelling <u>and</u> writing these basic words: red, blue, green, black, yellow, jump, run, big, help, can, look, play, said, down, come, you, we, see, little, me, two, and | -Practice saying and recognizing different shapes <u>and</u> colors.<br>-Talk about road signs, what they mean, and why they are important. | -While your child is eating, talk about the food and describe how it tastes: sweet, sour, soft, hard, cold, hot, etc.<br>-Talk about the day or the weather. | -Sing songs with your child.<br>-Talk about words that rhyme, such as words in a favorite nursery rhyme (hill-Jill, wall-fall). | Review material that the teacher sends home.<br><br><b><u>Physical</u></b><br>-Exercise or dance with your child.<br>-Work on a project with your child. |

**Example:** If you worked on 3 activities with your child on Monday, circle those 3 activities and write "3" below the date for Monday. If you repeat some or all of those activities on Tuesday-Sunday, record the total completed that day. Once an activity has been circled for this month, there is **no need to circle it again**, simply record the total number of activities completed for that day. Do not record more than 6 activities per day.

| Monthly DATE →       | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Monthly TOTAL |
|----------------------|-----------------|-----------------|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------|
| Activities Per Day → | 4               | 2               | 3 | 1 | 3 | 3 | 1 | 2 | 4 | 2  | 2  | 3  | 1  | 2  | 2  | 3  | 2  | 1  | 3  | 4  | 2  | 2  | 3  | 2  | 2  | 1  | 3  | 2  | 2  | 3  | 5  | 75            |

Parent's Printed Name: Linda Brown

Parent's Signature: Linda Brown

I certify that I completed the information above and it is correct to the best of my knowledge.

~\*~STAFF WILL COMPLETE ITEMS BELOW THIS LINE~\*~

Teacher/Assistant Printed Name: Jada Smith Teacher/Assistant Signature Jada Smith Classroom: B

Each activity that the parent does with the child will count as 15 minutes. Multiply the number of activities by 15 minutes. Convert into hours. Round off total hours to the half hour. 48 hours is the maximum for one month.

Total Number of Activities 75 x 15 minutes = 1,125 minutes ÷ 60 minutes = 18.75 hours, round to 19.00 TOTAL HOURS 19.00 x \$23 = \$437

Date: July 31, 2026

AUTHORIZED APPROVAL Katie Lucas

I certify that the information reported above is correct to the best of my knowledge.