

Month of _____ Year _____ Center _____

As a part of the parent's role in assisting the teacher, the teacher will send written plans or guidance home to support the child's Head Start experience. **Parent/Guardian record the amount of time, in minutes, that you spend with your child on the following activities.**

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	TOTAL
Read a story																																
Name letters of alphabet																																
Help with numbers																																
Name colors																																
Point out shapes																																
Cook with child																																
Sing with child																																
Exercise with child																																
Review material that the teacher sends home																																
Work on a project with child																																

Parent/Guardian's Printed Name _____ Parent/Guardian's Signature _____
I certify that the information recorded above is correct to the best of my knowledge.

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

Child's Name _____ Child's Teacher/Assistant _____

Round off total hours to the half hour. 48 hours is the maximum for one month. TOTAL HOURS _____

Arranged by: _____

AUTHORIZED APPROVAL _____

Send form with original information and signatures to Parent Engagement Office.

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

Revised LS 6/2023

