Sequatchie Valley Head Start

Parent / Child Reading Activity and / or Parent / Child Home Activity

Child's Name: _____ Center: _____

Parent / Guardian's Name: _____
(Please print name)

Reading activity for the week of: _____

I read to my child on the following days:

	Circle time spent on each day.			
Monday	15 min	30 min	45 min	1 hr
Tuesday	15 min	30 min	45 min	1 hr
Wednesday	15 min	30 min	45 min	1 hr
Thursday	15 min	30 min	45 min	1 hr
Friday	15 min	30 min	45 min	1 hr
Saturday	15 min	30 min	45 min	1 hr
Sunday	15 min	30 min	45 min	1 hr

_____
Parent/guardian's signature Date

Home activity for the week of: _____

Helped my child with a home activity on the following days

	Circle time spent on each day.			
Monday	15 min	30 min	45 min	1 hr
Tuesday	15 min	30 min	45 min	1 hr
Wednesday	15 min	30 min	45 min	1 hr
Thursday	15 min	30 min	45 min	1 hr
Friday	15 min	30 min	45 min	1 hr
Saturday	15 min	30 min	45 min	1 hr
Sunday	15 min	30 min	45 min	1 hr

Give brief description of home activities:

_____

_____

_____

Center Staff completes area below.

Total time spent on reading activity: _____
Hourly rate of inkind: _____
Total inkind amount: _____
Staff Signature: _____
Date: _____

Total time spent on home activities: _____
Hourly rate of inkind: _____
Total inkind amount: _____
Staff Signature: _____
Date: _____