CENTRAL KY HEAD START

Activities Completed in the Home

Name of Parent/Guardian: _____

Please check one: Parent / Guardian ☐ Other family member ☐ Other (non-parent) ☐

Head Start Child's Name: _____

Parent and Child's Activity Assignment(Teacher assigns activity to correlate with educational goals or themes):

_____

_____

_____

_____

Date	Time / Hours	Description of educational activity completed
Total Hours		

(Time is counted in 15 minutes increments: 15 minutes = .25, 30 minutes = .50, and 45 minutes = .75)

Signature of Volunteer:	Date:
Signature of Teacher/Assistant:	Date:

Revised 07/12