Sacramento City Unified School District

HEAD START/EARLY HEAD START CLASSROOM VOLUNTEER ACTIVITIES

TEACHER: _____ SITE/CLASS:_____ MONTH/YEAR: _____

Date **Use Pen Only!** **Teacher Reviewed**:_____
Signature of Teacher

	PRINT Adult Name	Adult **Signature**	**PRINT** Child's Name or State "Foster Grandparent"	*Mom/Dad/ Aunt (etc.)*	**List of Activities Done**	**In / Out**	**Total Hours**
	Example: *Jane Smith*	*Jane Smith*	*Joey Smith*	*Mom*	*Reading books, building with blocks, etc.*	*8:00/9:00*	

	Relationship to child	**Activities are to be Instructional Aide activities consistent with current job specifications.**	**Time in Classroom**	**Office Use Only**

Revised Feb 2024 DMA