

Site/Class:

Sacramento City USD Early Head Start
IN-KIND HOME ACTIVITY RECORD

Teacher:

Month/Year:

Child's Name:

Use letter	Teachers/Home Visitor: Please circle letter of suggested activities for families to work on this month.	DRDP or HELP #	Week #1-5
Social-Emotional Development and Self Help Skills			
A	Use feeling words		
B	Let your child self-feed or serve him-/her-self		
C	Let your child choose what to wear (i.e. yellow or green shirt)		
D			
E			
Health & Safety			
F	Wash hands after changing diaper		
G	Use walking feet when indoors		
H			
I			
Nutrition & Dental			
J	Naming, tasting, cooking, nutritious foods		
K	Eating meals together as a family		
L			
M			
Cognitive Development			
N	Sing songs, recite nursery rhymes, do finger plays		
O	Read books together		
P			
Q			
Language Development-Receptive/Expressive			
R	Name objects, body parts, colors		
S	Practice using words or signs to express wants or needs		
T	Use positive descriptive acknowledgement – "You walked up the steps!"		
U			
V			
Gross & Fine Motor Development			
W	Provide back and tummy time		
X	Let your child draw with crayons and non-toxic paint/paintbrushes		
Y			
Z			

Parents: Please write on this calendar any time spent on teacher circled curriculum activities or events each day using a letter from the box (on the left) and the number of minutes as in the example below.

Example: Activity letter on left, time spend on activity in minutes on right.

A 15

Please use 5 minute increments

Sun	Mon	Tues	Wed	Thu	Fri	Sat

This represents an accurate account of time I have spent on assigned curriculum activities.

 Parent/guardian Signature and Date Teacher's Signature and Date

Relationship (Circle one): Mother, Father, Grandma, Grandpa, Aunt, Uncle

For Office Use Only

Total In Kind Hours _____ Minutes _____