Mont	h/Year:	IIN-K	AND H	OIVIE A
Use letter	Teacher: Please circle letter(s) of suggested activities for families work on this month. Activities must be connected to the curriculu and <u>assigned</u> by the teacher.		DRDP or HELP #	Week #1-5
	Social-Emotional and Self Help Development			
Α	Practice getting along skills and focusing and staying on task			
В	Reading books related to feelings			
С	Practice self-help skills, e.g. dressing and undressing self			
D	Play imitation and imagination games – pretend play			
E	Other (list below)			
	Health, Nutrition & Safety			
F	Talk about & practice hand washing, nasal hygiene, tooth brushin	σ		
 G	Practice Pedestrian Safety	6		
Н	Taste, name & cook nutritious foods			
1	Other (list below)			
	Cognitive Development			
J	Name, sort, match and count objects in the home environment			
K	Name and repeat beginning letter sounds of familiar words			
L	Read books about:			
М	Explore & discuss the natural world, bugs, plants, rocks, water, di	rt		
N	Other (list below)			
	Gross & Fine Motor Development			
0	Throw, catch, kick a ball, walk, balance, climb – visit a park (IMIL)	*		
Р	Use writing and painting materials, puzzles, play-dough, blocks			
Q	Play with sand and water			
R	Other (list below)			

Site/Class:

Sacramento City USD Head Start IN-KIND HOME ACTIVITY RECORD

Teacher:		
Child's Name		

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

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

*I am Moving I am Learning

For Office Use Only

Total In Kind Hours Minutes