

Sacramento City Unified School District

HEAD START/EARLY HEAD START CLASSROOM VOLUNTEER ACTIVITIES

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

Date	Use Pen Only!	Teacher Reviewed: _____		Relationship to child	Activities are to be Instructional Aide activities consistent with current job specifications.	Time in Classroom	Office Use Only		
		PRINT Adult Name	Adult Signature					PRINT Child's Name or State "Foster Grandparent"	List of Activities Done
		<i>Example: Jane Smith</i>	<i>Jane Smith</i>	<i>Joey Smith</i>	<i>Mom/Dad/Aunt (etc.)</i>	<i>Mom</i>	<i>Reading books, building with blocks, etc.</i>	<i>8:00/9:00</i>	