



# HB EHS Inkind Record Report

Child's Name \_\_\_\_\_ EHS Area # \_\_\_\_\_ Date: \_\_\_\_\_  
 (first & last)

Name of Activity	Aspects of Development Covered								Teaching Time								
	Building Relationships	Self-Esteem	Physical development	Making sounds/Talking	Eye-hand Coordination	Observation/exploration		Creative arts/movement	Self-help/safety	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Time
We are asking parents to work 60 minutes per day teaching their child using the following adult directed activities. Please limit each activity to 15 minutes or less. <b>Please return this form every week to your teacher.</b>																	
Weekly Goal Chart 																	
Men-in-PACT 																	
Reading & Looking at Books																	
ESR goals (List specific goal)																	
MVPA Physical Activities																	
Other such as: games, art,cooking,self-help,etc																	
Literacy Bags																	

## Parent Involvement with PACT Early Head Start

Making home-made toys/materials for use with PACT program.																	
Cutting out laminated die-cuts																	
Researching and collecting ideas/activities/materials for HV & SA.																	
Reading Parent Chat, Handouts, Resource books, etc.																	
Looking for information/recipes for the Parent Chat Newsletter.																	
Parent Observation Checklist																	

Total Number of Days: \_\_\_\_\_ Home Visit in Home \_\_\_ Yes \_\_\_ No  
 Hours \_\_\_\_\_ Minutes \_\_\_\_\_  
 From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Total time donated this week.

**Guardian/Parent Signatures:** \_\_\_\_\_ **Signatures of other adults working with child:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

By signing this document staff is verifying that staff have reviewed the time & activities listed & have determined that all times are accurate and reasonable for this family. Attach Completed Form to HVR weekly.