

Parent and Child Together (PACT) for West Central Illinois
Weekly Goal Chart/ INKIND Record Report

Child's Name _____ Class # _____

From Date: _____ to Date: _____

Child's home goal:	Description of activity/ attached resource Is this activity a focused male/father involvement goal? Yes No (circle one)
Please circle the total amount of time parent/guardian spent working on the goal with enrolled child each day. Only circle one time per line.	
Sunday	15 min 30 min 45 min 60 min
Monday	15 min 30 min 45 min 60 min
Tuesday	15 min 30 min 45 min 60 min
Wednesday	15 min 30 min 45 min 60 min
Thursday	15 min 30 min 45 min 60 min
Friday	15 min 30 min 45 min 60 min
Saturday	15 min 30 min 45 min 60 min
Parent Comments: Do you think the above goal was accomplished? Yes No partially <div style="text-align: right;">Total time for goal: _____</div>	

Please document the time you spent reading with your child for this week: _____
 (Must be between 5 minutes and 7 hours)

Parent signature: _____

Signature of other adults working with child: _____

Teacher/Family Advocate signature: _____

Teachers give to SS to scan into Share file. SS scan to Share file and give back to teachers to place original in child's portfolio.