

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

Child's Name \_\_\_\_\_ Class # \_\_\_\_\_

Area # \_\_\_\_\_

From Date: \_\_\_\_\_ to Date: \_\_\_\_\_

Child's home goal: Meta de casa de nino/nina:	Description of activity/ attached resource Describa la actividad/ recourses adjunte <b>Is this activity a focused male/father involvement goal?    Yes    No (circle one)</b> <b>Es esta actividad una meta enfocada de participacion masculine/padre?    Si    No (circule uno)</b>
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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. Favor de circular la cantidad de tiempo que padre/guardian trabajo el program con nino/nina inscribe cada dia. Circulo un tiempo por linea.

Sunday/ Domingo	15 min	30 min	45 min	60 min
Monday/ Lunes	15 min	30 min	45 min	60 min
Tuesday/ Martes	15 min	30 min	45 min	60 min
Wednesday/ Miercoles	15 min	30 min	45 min	60 min
Thursday/ Jueves	15 min	30 min	45 min	60 min
Friday/ Viernes	15 min	30 min	45 min	60 min
Saturday/ Sabado	15 min	30 min	45 min	60 min

Parent Comments: Comentarios de Padres:	Do you think the above goal was accomplished?    Yes    no    partially Cree usted que la meta fue acompletada?    Si    no    en parte Total time for goal: _____  Tiempo total de meta: _____
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**Please document the time you spent reading with your child for this week: \_\_\_\_\_**

(Must be between 5 minutes and 7 hours)

**Favor de documentar el tiempo que leyendo asu nino/nina por esta semana: \_\_\_\_\_**

(Tiene que ser entre 5 min y 7 horas)

Parent signature/ Firma de Padre: \_\_\_\_\_

Signature of other adults working with child/ Firma de otros adultos trabajo con nino/nina: \_\_\_\_\_

Teacher/Family Advocate signature/ Maestra/Abogado de Fam  
Firma: \_\_\_\_\_

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.