

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

Expectant Mother's Name _____ Area # _____

From Date: _____ to Date: _____

Mother's goal:	Description of activity and resource given
Please circle the total amount of time you spent working on the goal 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: Did you like this activity? ____Yes ____No ____Somewhat Tell us what happened. Do you think you accomplished this goal? Yes No Partially <div style="text-align: right;">Total time for goal: _____</div>	

Please document the time you spent reading materials your teacher left for you this week: _____

(Must be between 5 minutes and 7 hours)

Home Visit was completed this week ☐ No ☐ Yes **Date** _____

Parent signature: _____

HB Teacher signature: _____