

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

Child's Name _____ Area # _____

From Date: _____ to Date: _____ (one week)

| | |
|---|---|
| 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 Total time for goal: _____ | |

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

Home Visit completed this week: YES NO Date _____ Time _____
(circle one)

Parent signature: _____

Signature of other adults working with child: _____

Teacher signature: _____