Site/Class:

Sacramento City USD Early Head Start

Teacher: EHS IN-KIND HOME ACTIVITY RECORD

Child's Name:

Month/Year:

Use letter	Teachers/Home Visitor: Please circle letter of suggested activities for families to work on this month.	DRDP or HELP #	Week #1-5
	Social-Emotional Development and Self Help Skills		
Α	Use feeling words		
В	Let your child self-feed or serve him-/her-self		
С	Let your child choose what to wear (i.e. yellow or green shirt)		
D			
Е			
	Health & Safety		
F	Wash hands after changing diaper		
G	Use walking feet when indoors		
Н			
I			
	Nutrition & Dental		
J	Naming, tasting, cooking, nutritious foods		
K	Eating meals together as a family		
L			
М			
	Cognitive Development		
N	Sing songs, recite nursery rhymes, do finger plays		
0	Read books together		
Р			
Q			
	Language Development-Receptive/Expressive		
R	Name objects, body parts, colors		
S	Practice using words or signs to express wants or needs		
Т	Use positive descriptive acknowledgement – "You walked up the steps!"		
U			
V			
	Gross & Fine Motor Development		
W	Provide back and tummy time		
Х	Let your child draw with crayons and non-toxic paint/paintbrushes		
Υ			
Z			

Parents: Please write on this calendar any time spent on teacher circled curriculum activities or events each day using a letter from the box (on the left) and the number of minutes as in the example below.

**Example:** Activity letter on left, time spend on activity in minutes on right.

A 15

## Please use 5 minute increments

Sun	Mon	Tues	Wed	Thu	Fri	Sat

This represents an accurate account of time	I have spent on assigned curriculum activities.
Parent/guardian Signature and Date	Teacher's Signature and Date
Relationship (Circle one): Mother, Fa	ather, Non-Parent, Sibling

For Office Us	e Only											
Total In Kind	Hours	s		N	lir	ıu	te	S	- [		-	_