Site/Class:

Month/Year:

Teacher:

Child's Name:

Use letter	Teacher: Please circle letter(s) of suggested activities for families to work on this month. Activities must be connected to the curriculum and assigned by the teacher.	DRDP or HELP #	Week #1-5
	Social-Emotional and Self Help Development		
A	Practice getting along skills and focusing and staying on task		
B	Reading books related to feelings		
C	Practice self-help skills, e.g. dressing and undressing self		
D	Play imitation and imagination games – pretend play		
E	Other (list below)		
	Health, Nutrition & Safety		
F	Talk about & practice hand washing, nasal hygiene, tooth brushing		
G	Practice Pedestrian Safety		
H	Taste, name & cook nutritious foods		
I	Other (list below)		
	Cognitive Development		
J	Name, sort, match and count objects in the home environment		
K	Name and repeat beginning letter sounds of familiar words		
L	Read books about:		
M	Explore & discuss the natural world, bugs, plants, rocks, water, dirt		
N	Other (list below)		
	Gross & Fine Motor Development		
O	Throw, catch, kick a ball, walk, balance, climb – visit a park (IMIL)*		
P	Use writing and painting materials, puzzles, play-dough, blocks		
Q	Play with sand and water		
R	Other (list below)		

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, Father, Non-parent, Sibling

*I am Moving I am Learning

For Office Use Only
Total In Kind   Hours_____   Minutes_____