

Sacramento City USD Head Start  
**IN-KIND HOME ACTIVITY RECORD**

Site/Class: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Use letter	Activities must be connected to the curriculum and assigned by the teacher	DRDP or HELP #	Week #1-5
<b>Social-Emotional and Self Help Development</b>			
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)		
<b>Health, Nutrition &amp; Safety</b>			
F	Talk about & practice hand washing, nasal hygiene, tooth brushing		
G	Practice Pedestrian Safety		
H	Taste, name & cook nutritious foods		
I	Other (list below)		
<b>Cognitive Development</b>			
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)		
<b>Gross &amp; Fine Motor Development</b>			
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.

***Please use 5 minute increments***

Sun	Mon	Tues	Wed	Thu	Fri	Sat
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X

This represents an accurate account of time I have spent on assigned curriculum activities.

\_\_\_\_\_  
Parent/guardian Signature and Date

**TOTAL IN-KIND**

Hours \_\_\_\_\_ Minutes \_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature and Date

**\*I am Moving I am Learning**