



**WEEK OF:** \_\_\_\_\_

Please circle the amount of time spent working with your child this week on the following School Readiness goals. **Return this form and the attached activity sheet to the center within five (5) days.**(Families of infants do not need to return the activity sheets)

I completed the activity/activities sent home by the caregiver or left by the home visitor with my child(ren) this week. Each 15 minute activity follows the curriculum used in the classroom and may be based on the individual child assessment. **I have placed my initials next to the activity I chose to complete with my child.** (N/A to families of infants)

**The total time I spent working with my child(ren) this week was:**

15 minutes      30 minutes      45 minutes      1 hour      1 hour 15minutes

**The total time I spent reading to my child was:**

15 minutes      30 minutes      45 minutes      1 hour

**Name of book (s):** \_\_\_\_\_

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

**Parent/Caregiver Signature:** \_\_\_\_\_



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