

Select Activities from the Parent Guide. Write in Activity number and name of the activity. Be Specific. Check (X) the appropriate boxes in the table for time spent doing activities with child on each day. Time spent per activity per day cannot exceed maximum. Round off to the nearest half hour.

CURRICULUM UNIT:						Home Visit		TOTAL HRS PER DAY 4 MAX.
DAY DATE	INKIND ACTIVITIES DOCUMENT ACTIVITY NUMBER AND WRITE IN ACTIVITY	TIME SPENT DOING ACTIVITY	SOCIAL EMOTIONAL	PHYSICAL	COGNITIVE	LANGUAGE		
MON		1/4 hr						
		1/2 hr						
TUES		1/4 hr						
		1/2 hr						
WED		1/4 hr						
		1/2 hr						
THUR		1/4 hr						
		1/2 hr						
FRI		1/4 hr						
		1/2 hr						
SAT		1/4 hr						
		1/2 hr						
SUN		1/4 hr						
		1/2 hr						
Total Hours								

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		1/2 hr						
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		1/2 hr						
FRI		1/4 hr						
		1/2 hr						
SAT		1/4 hr						
		1/2 hr						
SUN		1/4 hr						
		1/2 hr						
Total Hours								

Parent/Guardian Signature Date

Home Visitor Signature Date

Time spent working on Planned Head Start Activities with my Head Start child this month: \$7.25 per hr. x _____ =	
Providing space to carry out Home Visit: \$2.50 per visit x _____ =	
Time spent with the Home Visitor planning each week's activities: \$7.25 per hr. X _____ =	
Total In-Kind	

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		1/2 hr							
FRI		1/4 hr							
		1/2 hr							
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		1/2 hr							
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Total Hours									

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		1/2 hr						
Sun		1/4 hr						
		1/2 hr						
Total Hours								