

Child's Name: _____

Book Title: _____

Dear Parent, Please take a moment to:

1. Answer a couple of questions below and record the time you spent:
 - ♥ Reading the book with your child
 - ♥ Answering the questions below
2. Complete, sign, and return this page to your home visitor by the end of the month.

We have a few Questions for you

1. How did your child respond while you read the book?
2. What are some pictures you and your child identified and talked about while reading the book?

**Volunteer Time
WCMCA-Head Start**

Volunteer Activities:

- Reading the book
- Discussing and answering questions about the book

Total Time Spent on All Activities:

- 1/2 hour 1 hour 1 1/2 hours
 2 hours 2 1/2 hours 3 hours

Date:

Parent
Signature:

FOR OFFICE USE ONLY

FES
Signature:

Child's Name: _____

Book Title: _____

Dear Parent, Please take a moment to:

1. Answer a couple of questions below and record the time you spent:
 - ♥ Reading the book with your child
 - ♥ Answering the questions below
2. Complete, sign, and return this page to your home visitor by the end of the month.

We have a few Questions for you

1. How did your child respond while you read the book?
2. What are some pictures you and your child identified and talked about while reading the book?

**Volunteer Time
WCMCA-Head Start**

Volunteer Activities:

- Reading the book
- Discussing and answering questions about the book

Total Time Spent on All Activities:

- 1/2 hour 1 hour 1 1/2 hours
 2 hours 2 1/2 hours 3 hours

Date:

Parent
Signature:

FOR OFFICE USE ONLY

FES
Signature: