

Child Name:					Month/Year:			
		ties you compl cation Special			Id and Circle (()) the total time spent. Ple e month.	ease complet	e this form	and return
Curriculum Read Activity (TS Date Rook Learning			Parent Page Activity	Goal Related Activity	List Book Title or Specific Activity	Total Time		
EXAMPLE 9/8	X				Llama Llama Red Pajama	30 min	1 hour	2 hours
EXAMPLE 9/12			х		Painting	30 min	1 hour	2 hours
						30 min	1 hour	2 hours
						30 min	1 hour	2 hours
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						30 min	1 hour	2 hours
						30 min	1 hour	2 hours
Office Use	Only		Total M	onthly A	mount:			

Parent/Guardian Signature

Staff Signature

5/23