

Child Name:	Month/Year:

Mark (X) the activities you completed with your child and Circle (()) the total time spent (as shown in examples.) Please complete this form and return to your Family Education Specialist by the end of the month. Use

Learning or Goal Related Activity	Home Visit or Parent Conference	nonth. List Specific Activity		Total Time		
Х		Practice name writing	30 min	1 hour	1.5 hours	
	х	Orientation/Transition Home Visit	30 min	1 hour	1.5 hours	
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aff Use Onl	ly:						
tal Month	ly Amount:						
							E/24
Parent/Guardian Signature			Date			5/24	