

Parent and Child Together (PACT) for West Central Illinois
INKIND RECORD REPORT
 ED 6/17

Child's Name _____

Classroom # _____

Area # _____

Enter the total daily time that is spent working on each activity with your child. For instance, if you read to your child 2 times per day (nap time and bed time) and your total time reading for the day was 30 minutes, then write 30 minutes under the appropriate day across from Reading to Child. Please enter time using 5 minute increments.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	reading total
Reading To Child/Lending Library								
Weekly Goal Chart								
Fun and Learning Activity Hand Book (Please list page number)								
Discovery and Learning with Infant and Toddlers (EHS only)								
Linking Home & School (Head Start Center Based only)								
HB School Readiness Totes								
Ready Set Grow/ VOOM								Total for bottom
Daily Total								

From Date: _____ To Date: _____

Guardian/Parent Signature: _____

Signature of other Adults working with Child: _____

Teacher/Family Advocate Signature: _____