Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_ Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This form is for recording Parent/Volunteer hours in the program. Volunteers for this form are directly connected to a Head Start or Early Head Start child in the classroom (Parent, guardian, foster parent, grandparent, etc.). Donations of materials or other classroom volunteers should be recorded on the **Volunteer/Donation Form for In-Kind**. Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Week ending date:** | Volunteer in Classroom or on Field Trips | Material  Prep | Parent Meeting  Objectives: | Family Engagement | Parent Teacher Conference | Home Literacy Activity | Home Activity Calendar | Ready Rosie | Total Hours | Self-Transport Time (EHS) | Self-Transport Miles (EHS) |
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| **Monthly Total** | | | | | | | | |  |  |  |

    After having conversations with parents related to Objectives and Dimensions please note the Objective in the Parent Meeting box along with the time spent in conversation.

Examples include:

* Social Emotional: “I noticed Johnny asked Michael to join him in the dramatic play area yesterday” SE 10 minutes
* Physical: “I noticed that Sally was banging two blocks together.” PHY 10 minutes
* Language: “I noticed that Jane waved goodbye to you yesterday after we had practiced waving.” LAN 10 minutes
* Cognitive: “Sammy likes to choose the same puzzle and can complete it successfully.” COG 5 minutes
* Literacy:  “Molly has been joining us when we sing Wheels on the Bus.” LIT 10 minutes
* Math: “Jack was counting to 5 as he stacked 5 blocks.” MA 10 minutes