



CCDP Head Start In-Kind



Week of:	Child(ren) Name:							
(Sheets must be sent home & returned on the same day each week)	Teacher:							
Print your Name:	I am a: Parent/Guardian	<input type="checkbox"/>	I am a: Male				<input type="checkbox"/>	
Your Signature:	(✓) Friend/Relative	<input type="checkbox"/>	(✓) Female				<input type="checkbox"/>	
(My signature means that all the information I provide is true and correct.)								
All Information above MUST be completed & returned weekly.								
Write the total time you spent on each activity each day. (15 minutes 30 minutes 45 minutes 60 minutes)								
Source	Activity(ies) ACTIVITY/BOOK MUST BE LISTED	Days Completed (write time in each box)						
		Su	M	T	W	Th	F	S
Read a Story	*Please write the title of each book you read*							
PBIS								
Creative Curriculum								
Second Step								
T.S. Gold								
IEP or P/T Conference Goal								
Totals (for office use only)								

Staff Signature: _____

Date: _____

Manager's Assistant Signature: _____

Date: _____

Total time of activities completed _____ X rate _____ = Total In-Kind: _____

Your signature/initials mean that you have reviewed the information and it is allowable, necessary, and reasonable.