

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily caregiving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognition																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Walk to a nearby park to play. <i>PD-HLTH</i>	Have a "tea party" with your child and their stuffed animals. <i>SED</i>	Make wet footprints on the sidewalk. <i>COG</i>	Pretend to be a duck and waddle around. <i>PD</i>	Squish, pound, pat and push play dough. <i>ATL</i>
Take a bubble bath. Talk about what bubbles feel like. <i>ATL</i>	Look through family pictures and talk about what you see. <i>SED</i>	Let your child spread peanut butter and fruit spread on bread <i>HLTH</i>	Visit a relative or friend <i>SED</i>	Look at pictures of your family and talk about the events shown. <i>SED</i>
Visit the library and check out books. <i>FLD</i>	Brush your child's teeth, and help them to brush your teeth. <i>HLTH</i>	Read a book with your child. <i>FLD</i>	Hand your baby different objects to grasp. <i>PD</i>	Sing a song your child learned at school. <i>FLD</i>

Share a Raising a Reader book with your child.

Week 1

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily caregiving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Give different textured toys or materials to baby to grab, scratch, and feel <i>PD</i>	Cut soft things with a butter knife, such as bananas. <i>HLTH</i>	Use self talk by describing your actions as you interact with your child. (I'm rolling the ball) <i>FLD</i>	Make a safe baby toy. Use pots and pans. Safe kitchen utensils, or design your own. <i>COG</i>	Lay baby on a blanket and let him/her strengthen muscles by rolling, reaching, lifting head, etc. <i>PD</i>
Give toddlers a ride on a blanket, in a large box, or in a laundry basket. <i>COG</i>	Have uninterrupted playtime where the child takes the lead. Can be at bath time, mealtime, with toys, etc. <i>SED</i>	Jars and lids: Practice putting lids on plastic containers. <i>ATL</i>	Sing "Old MacDonald" and imitate animal sounds. <i>FLD</i>	Scribble pictures. <i>PD</i>
Play dress-up, or play Follow the Leader, letting the child take the lead. <i>SED</i>	Play Duck, Duck, Goose or Ring Around the Rosey <i>ATL</i>	Take an evening walk, pointing out the moon and stars. <i>COG</i>	Take turns marking on paper. <i>ATL</i>	Visit a pet store and talk about the animals you see. <i>COG</i>

Share a Raising a Reader book with your child.

Week 2

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Point at objects and ask "what's that?" <i>FLD</i>	Talk about the colors and shapes of foods. <i>HLTH</i>	Talk to your child using stuffed animals, like a "puppet show" <i>COG</i>	Talk about "big things" & "little things" & "hot and cold" <i>COG</i>	Walk with baby-holding both hands or one hand. <i>PD</i>
Encourage crawling under, through, and around things. <i>ATL</i>	Ring a bell or rattle. Give to baby to try and then take turns. <i>ATL</i>	Make tents out of blankets and furniture. <i>COG</i>	Brush each other's hair. <i>SED</i>	Practice grabbing, holding, and pulling different objects <i>PD</i>
Imitate baby's sounds and facial expressions. Watch how baby responds. <i>FLD</i>	Stand by a window and watch what is going on outside. Talk about anything you see. <i>SED</i>	Take a daytime walk, pointing out the flowers, trees, and birds, etc. <i>SED</i>	Practice rolling on the floor from front to back and back to front, giving the child all the help they need. <i>PD</i>	Look at or read a book with your child. Talk about what is happening in the pictures. <i>FLD</i>

Share a Raising a Reader book with your child.

Week 3

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Have a puppet show. <i>ATL</i>	Have a pots and pans parade. <i>SED</i>	Practice self feeding skills: drinking from a cup, using a fork or spoons, serves own food. <i>HLTH</i>	Read books together and talk about the story and pictures. <i>FLD</i>	Look in the mirror at new teeth and talk about how new and shiny and healthy they are. <i>HLTH</i>
Go grocery shopping and talk about foods and nutrition. <i>HLTH</i>	Talk about visiting the doctor. Take turns pretending to be the doctor and the patient. <i>ATL</i>	Listen to music and dance together. <i>ATL</i>	Try a new food and talk about its flavor, texture and how nutritious it is. <i>HLTH</i>	Do some gardening: Dig, pull weeds, plant seeds, water. <i>SED</i>
Play Hide-and-Seek with a toy. <i>ATL</i>	Kick a ball back and forth – play soccer. <i>PD</i>	Praise, Praise, Praise your child. <i>SED</i>	Tear pages from newspapers or magazines. <i>PD</i>	Sing your baby a lullaby while hugging and rocking them. <i>SED</i>

Share a Raising a Reader book with your child.

Week 4

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Talk to baby about what you are doing each time you change a diaper. <i>FLD</i>	Play "Peek-A-Boo" or "This Little Piggy: while changing baby's diaper. <i>SED</i>	Use paint "bingo" daubers to make marks on paper or stamp on a pad. <i>PD</i>	Sing and say nursery rhymes – "Twinkle, Twinkle, Little Star, etc. <i>FLD</i>	Make up a silly song about the day. Use baby's name in the song. <i>FLD</i>
Paint with water. <i>ATL</i>	Read a story to baby. <i>FLD</i>	Smell/feel different spices. <i>ATL</i>	Draw on a blank paper. <i>PD</i>	Build with blocks making short and tall towers. <i>COG</i>
Play games: "So Big," "Bye-Bye," etc. <i>COG</i>	Have a pretend tea party. <i>ATL</i>	Trace your child's body on a large piece of paper. <i>SED</i>	Wash toys together. <i>ATL</i>	Give your child a massage with or without lotion. <i>SED</i>

Share a Raising a Reader book with your child.

Week 5

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Make homemade play dough and play together. <i>ATL</i>	During feeding, give your baby a cracker to feed self. <i>HLTH</i>	Make sounds like "da," "ga," "ka," and "ba" with baby. <i>FLD</i>	Let your child help wipe off the table or counter after meals. <i>SED</i>	Climb stairs to see how many your child can climb on their own. <i>PD</i>
Hop like a bunny or frog. <i>PD</i>	Go to the local library and check out a book to read with your baby. <i>FLD</i>	Put a toy just out of reach for baby to try to get, watch to see how they do this. <i>ATL</i>	Talk about and point to body parts. <i>SED</i>	Wash dolls in bubbles. <i>HLTH</i>
Smile, coo, and talk to your baby while diapering, feeding and bathing. <i>SED</i>	Let your child put on or take off his/her coat. <i>HLTH</i>	Pretend you are airplanes and "fly" around the yard. <i>ATL</i>	Rock baby back and forth in your arms, humming a tune. <i>ATL</i>	Visit a relative or call one on the phone. <i>SED</i>

Share a Raising a Reader book with your child.

Week 6

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Read books to your child. Let them turn the pages. <i>FLD</i>	Make a "noodle necklace" (string noodles on yarn). <i>PD</i>	Play at the park. <i>PD</i>	Go outside and listen to different sounds, and then try to identify them – airplane, car, dog, lawn mower. <i>ATL</i>	Roll a ball back and forth on the floor. <i>ATL</i>
Make wet footprints on the sidewalk. <i>COG</i>	Hug a doll or stuffed animal and give to baby to do too. <i>ATL</i>	Let your child spread peanut butter on toast, bread, or crackers. <i>HLTH</i>	Ask your child where is mommy, daddy, sister, etc.? and encourage them to point. <i>FLD</i>	Paint with water outside. <i>COG</i>
Allow your child to push the buttons on a toy telephone. <i>PD</i>	Play with dolls or stuffed animals with your child and model interactions – hugging, comforting, praising. <i>SED</i>	Give your child a simple direction to follow such as "Bring me the ball" or "Get your shoes so we can go outside." <i>FLD</i>	Give your child a spoon or fork to eat with and praise their efforts. <i>SED</i>	Visit your local park and chase each other in the grassy areas. <i>COG</i>

Share a Raising a Reader book with your child.

Week 7

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Blow bubbles together. COG	Tell your child stories about your family and traditions. SED	Crawl around and look at the room or outdoors with your child, exploring from their view. ATL	Place baby on different textures (grass, blanket, floor, etc.) PD	Talk about visiting the dentist. Take turns pretending to be the dentist and the patient. ATL
Make funny faces in the mirror and imitate each other. COG	Make food and go on a picnic. HLTH	Do water play together. SED	Read books together and talk about the story and pictures. FLD	Put Cheerios on a flat surface for baby to pick up. PD-HLTH
Give baby a rattle to hold and shake. COG	Look at baby pictures together. SED	Sing songs or do finger plays. FLD	Stack blocks. PD	Roll or throw a ball together. ATL

Share a Raising a Reader book with your child.

Week 8

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
Minutes per activity	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Hold hands and take a little walk. <i>SED</i>	Play this "little piggy". <i>FLD</i>	Crawl around and look at the room or outdoors with your child, exploring from their view. <i>COG</i>	Take a walk in your neighborhood – jump, gallop and take giant steps. <i>PD</i>	Splash the bath water and act surprised. <i>SED</i>
Help your child to pick up their toys and praise them for their effort. <i>SED</i>	Pretend to feed a baby doll. <i>COG</i>	Swish washcloth around in the water. <i>COG</i>	Point to and name animals in a magazine or book. <i>FLD</i>	Sing "If you're happy and you know it". <i>FLD</i>
Hold baby's hands and bounce them up and down <i>PD</i>	Point to and name body parts. <i>FLD</i>	Hide a block and say "where did the block go?" <i>COG</i>	Gently wiggle your child's toes. <i>SED</i>	Roll or throw a ball together. <i>ATL</i>

Share a Raising a Reader book with your child.

Week 9

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>Hold an object within sight of your baby, and then move it slowly to see if your baby can "track" it with their eyes. <i>ATL</i></p> <p>Use two pretend telephones, or unplug real phones - use to talk to your child. <i>ATL</i></p> <p>Explore nesting cups/containers. <i>COG</i></p>	<p>Using items familiar to your child that are in a room, ask your child, "Bring me the____" <i>FLD</i></p> <p>Practice spreading cream cheese on a bagel – enjoy. <i>HLTH</i></p> <p>Visit a library for story time with your child. <i>SED</i></p>	<p>Give your child a push or pull toy and take a neighborhood walk. <i>PD</i></p> <p>Put some colored and scented water in a tub or sink to explore. <i>COG</i></p> <p>Use descriptive words to expand your child's vocabulary. If your child says "dog", say "a furry dog." <i>FLD</i></p>	<p>Ring bells; use wooden spoons on pots and pans or other musical activity. <i>COG</i></p> <p>Lie on the grass and look at the clouds. Talk about what you see. <i>ATL</i></p> <p>Put soap and water in a tub or sink and let your child wash their dolls. <i>SED</i></p>	<p>Walk heavy like an elephant, hop like a frog, and pounce like a cat. <i>PD</i></p> <p>Put on funny hats and look in the mirror together. <i>SED</i></p> <p>Follow your child's shadow – wave, jump, move your bodies. <i>COG</i></p>

Share a Raising a Reader book with your child.

Week 10

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ Staff's Signature: _____ <i>(Total minutes ÷ 60)</i>

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Make play dough together and play with it while it is warm. COG	Make different sounds within sight of your baby. Pause to see if they will imitate you. FLD	Play ring-around-the-rosy. Substitute jump, march or gallop around the rosy. PD	Make happy, sad, mad and surprised faces in the mirror. SED	Play peek-a-boo using the words "hello" and "goodbye" as you hide and reappear. COG
Color with markers. PD	Sing "Open, Shut Them using large movements – open shut arms, legs, feet and hands. ATL	Freeze small plastic toys in small containers with water. Put the ice toys in a bowl and encourage your child to explore. COG	Have your child pick their favorite book and read it to them. FLD	Walk on a wide balance beam or edge of a sidewalk at the playground. PD
Put small bits of food on baby's tray to pick up. HLTH	Allow your child to choose their clothing for the day. SED	Play Simon Says to help your child practice following directions. ATL	String beads, noodles or cheerios. PD	Invite another Mom or Dad with a child to come play with you and your child. SED

Share a Raising a Reader book with your child.

Week 11

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mix cornstarch and water in a small tub until it seems firm-pick some up, let it ooze through your fingers. COG	Make up silly words, say them and laugh with your child. FLD	Do a texture crawl and describe what you feel – crawl on a soft blanket, prickly grass, or a smooth tarp. FLD	Have different things for your child to smell – a fragrant flower, scented candles, etc. ATL	Help your baby to gently stretch their arms and legs. PD
Make up a name song and sing your family's names. SED	Allow child to peel or mash a banana. PD-HLTH	Shake a rattle fast, then slow; making loud and soft noises. COG	Describe your child's clothing as you help them to get dressed. FLD	Snuggle and rock your child. SED
Offer different containers for your child to put twisting lids on and take them off. ATL	Show child your baby pictures. SED	Sing "The eensy weensy spider", then substitute "great big" instead of "eensy weensy" FLD	Allow your baby to grasp your fingers PD	Allow your child to walk up and down two – three steps holding your hand, if needed. PD

Share a Raising a Reader book with your child.

Week 12

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily caregiving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognition																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Walk to a nearby park to play. <i>PD-HLTH</i>	Have a "tea party" with your child and their stuffed animals. <i>SED</i>	Make wet footprints on the sidewalk. <i>COG</i>	Pretend to be a duck and waddle around. <i>PD</i>	Squish, pound, pat and push play dough. <i>ATL</i>
Take a bubble bath. Talk about what bubbles feel like. <i>ATL</i>	Look through family pictures and talk about what you see. <i>SED</i>	Let your child spread peanut butter and fruit spread on bread <i>HLTH</i>	Visit a relative or friend <i>SED</i>	Look at pictures of your family and talk about the events shown. <i>SED</i>
Visit the library and check out books. <i>FLD</i>	Brush your child's teeth, and help them to brush your teeth. <i>HLTH</i>	Read a book with your child. <i>FLD</i>	Hand your baby different objects to grasp. <i>PD</i>	Sing a song your child learned at school. <i>FLD</i>

Share a Raising a Reader book with your child.

Week 13

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily caregiving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Give different textured toys or materials to baby to grab, scratch, and feel <i>PD</i>	Cut soft things with a butter knife, such as bananas. <i>HLTH</i>	Use self talk by describing your actions as you interact with your child. (I'm rolling the ball) <i>FLD</i>	Make a safe baby toy. Use pots and pans. Safe kitchen utensils, or design your own. <i>COG</i>	Lay baby on a blanket and let him/her strengthen muscles by rolling, reaching, lifting head, etc. <i>PD</i>
Give toddlers a ride on a blanket, in a large box, or in a laundry basket. <i>COG</i>	Have uninterrupted playtime where the child takes the lead. Can be at bath time, mealtime, with toys, etc. <i>SED</i>	Jars and lids: Practice putting lids on plastic containers. <i>ATL</i>	Sing "Old MacDonald" and imitate animal sounds. <i>FLD</i>	Scribble pictures. <i>PD</i>
Play dress-up, or play Follow the Leader, letting the child take the lead. <i>SED</i>	Play Duck, Duck, Goose or Ring Around the Rosey <i>ATL</i>	Take an evening walk, pointing out the moon and stars. <i>COG</i>	Take turns marking on paper. <i>ATL</i>	Visit a pet store and talk about the animals you see. <i>COG</i>

Share a Raising a Reader book with your child.

Week 14

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Point at objects and ask "what's that?" <i>FLD</i>	Talk about the colors and shapes of foods. <i>HLTH</i>	Talk to your child using stuffed animals, like a "puppet show" <i>COG</i>	Talk about "big things" & "little things" & "hot and cold" <i>COG</i>	Walk with baby-holding both hands or one hand. <i>PD</i>
Encourage crawling under, through, and around things. <i>ATL</i>	Ring a bell or rattle. Give to baby to try and then take turns. <i>ATL</i>	Make tents out of blankets and furniture. <i>COG</i>	Brush each other's hair. <i>SED</i>	Practice grabbing, holding, and pulling different objects <i>PD</i>
Imitate baby's sounds and facial expressions. Watch how baby responds. <i>FLD</i>	Stand by a window and watch what is going on outside. Talk about anything you see. <i>SED</i>	Take a daytime walk, pointing out the flowers, trees, and birds, etc. <i>SED</i>	Practice rolling on the floor from front to back and back to front, giving the child all the help they need. <i>PD</i>	Look at or read a book with your child. Talk about what is happening in the pictures. <i>FLD</i>

Share a Raising a Reader book with your child.

Week 15

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Have a puppet show. <i>ATL</i>	Have a pots and pans parade. <i>SED</i>	Practice self feeding skills: drinking from a cup, using a fork or spoons, serves own food. <i>HLTH</i>	Read books together and talk about the story and pictures. <i>FLD</i>	Look in the mirror at new teeth and talk about how new and shiny and healthy they are. <i>HLTH</i>
Go grocery shopping and talk about foods and nutrition. <i>HLTH</i>	Talk about visiting the doctor. Take turns pretending to be the doctor and the patient. <i>ATL</i>	Listen to music and dance together. <i>ATL</i>	Try a new food and talk about its flavor, texture and how nutritious it is. <i>HLTH</i>	Do some gardening: Dig, pull weeds, plant seeds, water. <i>SED</i>
Play Hide-and-Seek with a toy. <i>ATL</i>	Kick a ball back and forth – play soccer. <i>PD</i>	Praise, Praise, Praise your child. <i>SED</i>	Tear pages from newspapers or magazines. <i>PD</i>	Sing your baby a lullaby while hugging and rocking them. <i>SED</i>

Share a Raising a Reader book with your child.

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Talk to baby about what you are doing each time you change a diaper. <i>FLD</i>	Play "Peek-A-Boo" or "This Little Piggy: while changing baby's diaper. <i>SED</i>	Use paint "bingo" daubers to make marks on paper or stamp on a pad. <i>PD</i>	Sing and say nursery rhymes – "Twinkle, Twinkle, Little Star, etc. <i>FLD</i>	Make up a silly song about the day. Use baby's name in the song. <i>FLD</i>
Paint with water. <i>ATL</i>	Read a story to baby. <i>FLD</i>	Smell/feel different spices. <i>ATL</i>	Draw on a blank paper. <i>PD</i>	Build with blocks making short and tall towers. <i>COG</i>
Play games: "So Big," "Bye-Bye," etc. <i>COG</i>	Have a pretend tea party. <i>ATL</i>	Trace your child's body on a large piece of paper. <i>SED</i>	Wash toys together. <i>ATL</i>	Give your child a massage with or without lotion. <i>SED</i>

Share a Raising a Reader book with your child.

Week 17

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Make homemade play dough and play together. <i>ATL</i>	During feeding, give your baby a cracker to feed self. <i>HLTH</i>	Make sounds like "da," "ga," "ka," and "ba" with baby. <i>FLD</i>	Let your child help wipe off the table or counter after meals. <i>SED</i>	Climb stairs to see how many your child can climb on their own. <i>PD</i>
Hop like a bunny or frog. <i>PD</i>	Go to the local library and check out a book to read with your baby. <i>FLD</i>	Put a toy just out of reach for baby to try to get, watch to see how they do this. <i>ATL</i>	Talk about and point to body parts. <i>SED</i>	Wash dolls in bubbles. <i>HLTH</i>
Smile, coo, and talk to your baby while diapering, feeding and bathing. <i>SED</i>	Let your child put on or take off his/her coat. <i>HLTH</i>	Pretend you are airplanes and "fly" around the yard. <i>ATL</i>	Rock baby back and forth in your arms, humming a tune. <i>ATL</i>	Visit a relative or call one on the phone. <i>SED</i>

Share a Raising a Reader book with your child.

Week 18

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Read books to your child. Let them turn the pages. <i>FLD</i>	Make a "noodle necklace" (string noodles on yarn). <i>PD</i>	Play at the park. <i>PD</i>	Go outside and listen to different sounds, and then try to identify them – airplane, car, dog, lawn mower. <i>ATL</i>	Roll a ball back and forth on the floor. <i>ATL</i>
Make wet footprints on the sidewalk. <i>COG</i>	Hug a doll or stuffed animal and give to baby to do too. <i>ATL</i>	Let your child spread peanut butter on toast, bread, or crackers. <i>HLTH</i>	Ask your child where is mommy, daddy, sister, etc.? and encourage them to point. <i>FLD</i>	Paint with water outside. <i>COG</i>
Allow your child to push the buttons on a toy telephone. <i>PD</i>	Play with dolls or stuffed animals with your child and model interactions – hugging, comforting, praising. <i>SED</i>	Give your child a simple direction to follow such as "Bring me the ball" or "Get your shoes so we can go outside." <i>FLD</i>	Give your child a spoon or fork to eat with and praise their efforts. <i>SED</i>	Visit your local park and chase each other in the grassy areas. <i>COG</i>

Share a Raising a Reader book with your child.

Week 19

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Blow bubbles together. COG	Tell your child stories about your family and traditions. SED	Crawl around and look at the room or outdoors with your child, exploring from their view. ATL	Place baby on different textures (grass, blanket, floor, etc.) PD	Talk about visiting the dentist. Take turns pretending to be the dentist and the patient. ATL
Make funny faces in the mirror and imitate each other. COG	Make food and go on a picnic. HLTH	Do water play together. SED	Read books together and talk about the story and pictures. FLD	Put Cheerios on a flat surface for baby to pick up. PD-HLTH
Give baby a rattle to hold and shake. COG	Look at baby pictures together. SED	Sing songs or do finger plays. FLD	Stack blocks. PD	Roll or throw a ball together. ATL

Share a Raising a Reader book with your child.

Week 20

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Hold hands and take a little walk. <i>SED</i>	Play this "little piggy". <i>FLD</i>	Crawl around and look at the room or outdoors with your child, exploring from their view. <i>COG</i>	Take a walk in your neighborhood – jump, gallop and take giant steps. <i>PD</i>	Splash the bath water and act surprised. <i>SED</i>
Help your child to pick up their toys and praise them for their effort. <i>SED</i>	Pretend to feed a baby doll. <i>COG</i>	Swish washcloth around in the water. <i>COG</i>	Point to and name animals in a magazine or book. <i>FLD</i>	Sing "If you're happy and you know it". <i>FLD</i>
Hold baby's hands and bounce them up and down <i>PD</i>	Point to and name body parts. <i>FLD</i>	Hide a block and say "where did the block go?" <i>COG</i>	Gently wiggle your child's toes. <i>SED</i>	Roll or throw a ball together. <i>ATL</i>

Share a Raising a Reader book with your child.

Week 21

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>Hold an object within sight of your baby, and then move it slowly to see if your baby can "track" it with their eyes. <i>ATL</i></p> <p>Use two pretend telephones, or unplug real phones - use to talk to your child. <i>ATL</i></p> <p>Explore nesting cups/containers. <i>COG</i></p>	<p>Using items familiar to your child that are in a room, ask your child, "Bring me the____" <i>FLD</i></p> <p>Practice spreading cream cheese on a bagel – enjoy. <i>HLTH</i></p> <p>Visit a library for story time with your child. <i>SED</i></p>	<p>Give your child a push or pull toy and take a neighborhood walk. <i>PD</i></p> <p>Put some colored and scented water in a tub or sink to explore. <i>COG</i></p> <p>Use descriptive words to expand your child's vocabulary. If your child says "dog", say "a furry dog." <i>FLD</i></p>	<p>Ring bells; use wooden spoons on pots and pans or other musical activity. <i>COG</i></p> <p>Lie on the grass and look at the clouds. Talk about what you see. <i>ATL</i></p> <p>Put soap and water in a tub or sink and let your child wash their dolls. <i>SED</i></p>	<p>Walk heavy like an elephant, hop like a frog, and pounce like a cat. <i>PD</i></p> <p>Put on funny hats and look in the mirror together. <i>SED</i></p> <p>Follow your child's shadow – wave, jump, move your bodies. <i>COG</i></p>

Share a Raising a Reader book with your child.

Week 22

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Make play dough together and play with it while it is warm. COG	Make different sounds within sight of your baby. Pause to see if they will imitate you. FLD	Play ring-around-the-rosy. Substitute jump, march or gallop around the rosy. PD	Make happy, sad, mad and surprised faces in the mirror. SED	Play peek-a-boo using the words "hello" and "goodbye" as you hide and reappear. COG
Color with markers. PD	Sing "Open, Shut Them using large movements – open shut arms, legs, feet and hands. ATL	Freeze small plastic toys in small containers with water. Put the ice toys in a bowl and encourage your child to explore. COG	Have your child pick their favorite book and read it to them. FLD	Walk on a wide balance beam or edge of a sidewalk at the playground. PD
Put small bits of food on baby's tray to pick up. HLTH	Allow your child to choose their clothing for the day. SED	Play Simon Says to help your child practice following directions. ATL	String beads, noodles or cheerios. PD	Invite another Mom or Dad with a child to come play with you and your child. SED

Share a Raising a Reader book with your child.

Week 23

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mix cornstarch and water in a small tub until it seems firm-pick some up, let it ooze through your fingers. COG	Make up silly words, say them and laugh with your child. FLD	Do a texture crawl and describe what you feel – crawl on a soft blanket, prickly grass, or a smooth tarp. FLD	Have different things for your child to smell – a fragrant flower, scented candles, etc. ATL	Help your baby to gently stretch their arms and legs. PD
Make up a name song and sing your family's names. SED	Allow child to peel or mash a banana. PD-HLTH	Shake a rattle fast, then slow; making loud and soft noises. COG	Describe your child's clothing as you help them to get dressed. FLD	Snuggle and rock your child. SED
Offer different containers for your child to put twisting lids on and take them off. ATL	Show child your baby pictures. SED	Sing "The eensy weensy spider", then substitute "great big" instead of "eensy weensy" FLD	Allow your baby to grasp your fingers PD	Allow your child to walk up and down two – three steps holding your hand, if needed. PD

Share a Raising a Reader book with your child.

Week 24

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily caregiving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognition																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Walk to a nearby park to play. <i>PD-HLTH</i>	Have a "tea party" with your child and their stuffed animals. <i>SED</i>	Make wet footprints on the sidewalk. <i>COG</i>	Pretend to be a duck and waddle around. <i>PD</i>	Squish, pound, pat and push play dough. <i>ATL</i>
Take a bubble bath. Talk about what bubbles feel like. <i>ATL</i>	Look through family pictures and talk about what you see. <i>SED</i>	Let your child spread peanut butter and fruit spread on bread <i>HLTH</i>	Visit a relative or friend <i>SED</i>	Look at pictures of your family and talk about the events shown. <i>SED</i>
Visit the library and check out books. <i>FLD</i>	Brush your child's teeth, and help them to brush your teeth. <i>HLTH</i>	Read a book with your child. <i>FLD</i>	Hand your baby different objects to grasp. <i>PD</i>	Sing a song your child learned at school. <i>FLD</i>

Share a Raising a Reader book with your child.

Week 25

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily caregiving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Give different textured toys or materials to baby to grab, scratch, and feel <i>PD</i>	Cut soft things with a butter knife, such as bananas. <i>HLTH</i>	Use self talk by describing your actions as you interact with your child. (I'm rolling the ball) <i>FLD</i>	Make a safe baby toy. Use pots and pans. Safe kitchen utensils, or design your own. <i>COG</i>	Lay baby on a blanket and let him/her strengthen muscles by rolling, reaching, lifting head, etc. <i>PD</i>
Give toddlers a ride on a blanket, in a large box, or in a laundry basket. <i>COG</i>	Have uninterrupted playtime where the child takes the lead. Can be at bath time, mealtime, with toys, etc. <i>SED</i>	Jars and lids: Practice putting lids on plastic containers. <i>ATL</i>	Sing "Old MacDonald" and imitate animal sounds. <i>FLD</i>	Scribble pictures. <i>PD</i>
Play dress-up, or play Follow the Leader, letting the child take the lead. <i>SED</i>	Play Duck, Duck, Goose or Ring Around the Rosey <i>ATL</i>	Take an evening walk, pointing out the moon and stars. <i>COG</i>	Take turns marking on paper. <i>ATL</i>	Visit a pet store and talk about the animals you see. <i>COG</i>

Share a Raising a Reader book with your child.

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Point at objects and ask "what's that?" <i>FLD</i>	Talk about the colors and shapes of foods. <i>HLTH</i>	Talk to your child using stuffed animals, like a "puppet show" <i>COG</i>	Talk about "big things" & "little things" & "hot and cold" <i>COG</i>	Walk with baby-holding both hands or one hand. <i>PD</i>
Encourage crawling under, through, and around things. <i>ATL</i>	Ring a bell or rattle. Give to baby to try and then take turns. <i>ATL</i>	Make tents out of blankets and furniture. <i>COG</i>	Brush each other's hair. <i>SED</i>	Practice grabbing, holding, and pulling different objects <i>PD</i>
Imitate baby's sounds and facial expressions. Watch how baby responds. <i>FLD</i>	Stand by a window and watch what is going on outside. Talk about anything you see. <i>SED</i>	Take a daytime walk, pointing out the flowers, trees, and birds, etc. <i>SED</i>	Practice rolling on the floor from front to back and back to front, giving the child all the help they need. <i>PD</i>	Look at or read a book with your child. Talk about what is happening in the pictures. <i>FLD</i>

Share a Raising a Reader book with your child.

Week 27

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Have a puppet show. <i>ATL</i>	Have a pots and pans parade. <i>SED</i>	Practice self feeding skills: drinking from a cup, using a fork or spoons, serves own food. <i>HLTH</i>	Read books together and talk about the story and pictures. <i>FLD</i>	Look in the mirror at new teeth and talk about how new and shiny and healthy they are. <i>HLTH</i>
Go grocery shopping and talk about foods and nutrition. <i>HLTH</i>	Talk about visiting the doctor. Take turns pretending to be the doctor and the patient. <i>ATL</i>	Listen to music and dance together. <i>ATL</i>	Try a new food and talk about its flavor, texture and how nutritious it is. <i>HLTH</i>	Do some gardening: Dig, pull weeds, plant seeds, water. <i>SED</i>
Play Hide-and-Seek with a toy. <i>ATL</i>	Kick a ball back and forth – play soccer. <i>PD</i>	Praise, Praise, Praise your child. <i>SED</i>	Tear pages from newspapers or magazines. <i>PD</i>	Sing your baby a lullaby while hugging and rocking them. <i>SED</i>

Share a Raising a Reader book with your child.

Week 28

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Talk to baby about what you are doing each time you change a diaper. <i>FLD</i>	Play "Peek-A-Boo" or "This Little Piggy: while changing baby's diaper. <i>SED</i>	Use paint "bingo" daubers to make marks on paper or stamp on a pad. <i>PD</i>	Sing and say nursery rhymes – "Twinkle, Twinkle, Little Star, etc. <i>FLD</i>	Make up a silly song about the day. Use baby's name in the song. <i>FLD</i>
Paint with water. <i>ATL</i>	Read a story to baby. <i>FLD</i>	Smell/feel different spices. <i>ATL</i>	Draw on a blank paper. <i>PD</i>	Build with blocks making short and tall towers. <i>COG</i>
Play games: "So Big," "Bye-Bye," etc. <i>COG</i>	Have a pretend tea party. <i>ATL</i>	Trace your child's body on a large piece of paper. <i>SED</i>	Wash toys together. <i>ATL</i>	Give your child a massage with or without lotion. <i>SED</i>

Share a Raising a Reader book with your child.

Week 29

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Make homemade play dough and play together. <i>ATL</i>	During feeding, give your baby a cracker to feed self. <i>HLTH</i>	Make sounds like "da," "ga," "ka," and "ba" with baby. <i>FLD</i>	Let your child help wipe off the table or counter after meals. <i>SED</i>	Climb stairs to see how many your child can climb on their own. <i>PD</i>
Hop like a bunny or frog. <i>PD</i>	Go to the local library and check out a book to read with your baby. <i>FLD</i>	Put a toy just out of reach for baby to try to get, watch to see how they do this. <i>ATL</i>	Talk about and point to body parts. <i>SED</i>	Wash dolls in bubbles. <i>HLTH</i>
Smile, coo, and talk to your baby while diapering, feeding and bathing. <i>SED</i>	Let your child put on or take off his/her coat. <i>HLTH</i>	Pretend you are airplanes and "fly" around the yard. <i>ATL</i>	Rock baby back and forth in your arms, humming a tune. <i>ATL</i>	Visit a relative or call one on the phone. <i>SED</i>

Share a Raising a Reader book with your child.

Week 30

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Read books to your child. Let them turn the pages. <i>FLD</i>	Make a "noodle necklace" (string noodles on yarn). <i>PD</i>	Play at the park. <i>PD</i>	Go outside and listen to different sounds, and then try to identify them – airplane, car, dog, lawn mower. <i>ATL</i>	Roll a ball back and forth on the floor. <i>ATL</i>
Make wet footprints on the sidewalk. <i>COG</i>	Hug a doll or stuffed animal and give to baby to do too. <i>ATL</i>	Let your child spread peanut butter on toast, bread, or crackers. <i>HLTH</i>	Ask your child where is mommy, daddy, sister, etc.? and encourage them to point. <i>FLD</i>	Paint with water outside. <i>COG</i>
Allow your child to push the buttons on a toy telephone. <i>PD</i>	Play with dolls or stuffed animals with your child and model interactions – hugging, comforting, praising. <i>SED</i>	Give your child a simple direction to follow such as "Bring me the ball" or "Get your shoes so we can go outside." <i>FLD</i>	Give your child a spoon or fork to eat with and praise their efforts. <i>SED</i>	Visit your local park and chase each other in the grassy areas. <i>COG</i>

Share a Raising a Reader book with your child.

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Blow bubbles together. COG	Tell your child stories about your family and traditions. SED	Crawl around and look at the room or outdoors with your child, exploring from their view. ATL	Place baby on different textures (grass, blanket, floor, etc.) PD	Talk about visiting the dentist. Take turns pretending to be the dentist and the patient. ATL
Make funny faces in the mirror and imitate each other. COG	Make food and go on a picnic. HLTH	Do water play together. SED	Read books together and talk about the story and pictures. FLD	Put Cheerios on a flat surface for baby to pick up. PD-HLTH
Give baby a rattle to hold and shake. COG	Look at baby pictures together. SED	Sing songs or do finger plays. FLD	Stack blocks. PD	Roll or throw a ball together. ATL

Share a Raising a Reader book with your child.

Week 32

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
Minutes per activity	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Hold hands and take a little walk. <i>SED</i>	Play this "little piggy". <i>FLD</i>	Crawl around and look at the room or outdoors with your child, exploring from their view. <i>COG</i>	Take a walk in your neighborhood – jump, gallop and take giant steps. <i>PD</i>	Splash the bath water and act surprised. <i>SED</i>
Help your child to pick up their toys and praise them for their effort. <i>SED</i>	Pretend to feed a baby doll. <i>COG</i>	Swish washcloth around in the water. <i>COG</i>	Point to and name animals in a magazine or book. <i>FLD</i>	Sing "If you're happy and you know it". <i>FLD</i>
Hold baby's hands and bounce them up and down <i>PD</i>	Point to and name body parts. <i>FLD</i>	Hide a block and say "where did the block go?" <i>COG</i>	Gently wiggle your child's toes. <i>SED</i>	Roll or throw a ball together. <i>ATL</i>

Share a Raising a Reader book with your child.

Week 33

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>Hold an object within sight of your baby, and then move it slowly to see if your baby can "track" it with their eyes. <i>ATL</i></p> <p>Use two pretend telephones, or unplug real phones - use to talk to your child. <i>ATL</i></p> <p>Explore nesting cups/containers. <i>COG</i></p>	<p>Using items familiar to your child that are in a room, ask your child, "Bring me the____" <i>FLD</i></p> <p>Practice spreading cream cheese on a bagel – enjoy. <i>HLTH</i></p> <p>Visit a library for story time with your child. <i>SED</i></p>	<p>Give your child a push or pull toy and take a neighborhood walk. <i>PD</i></p> <p>Put some colored and scented water in a tub or sink to explore. <i>COG</i></p> <p>Use descriptive words to expand your child's vocabulary. If your child says "dog", say "a furry dog." <i>FLD</i></p>	<p>Ring bells; use wooden spoons on pots and pans or other musical activity. <i>COG</i></p> <p>Lie on the grass and look at the clouds. Talk about what you see. <i>ATL</i></p> <p>Put soap and water in a tub or sink and let your child wash their dolls. <i>SED</i></p>	<p>Walk heavy like an elephant, hop like a frog, and pounce like a cat. <i>PD</i></p> <p>Put on funny hats and look in the mirror together. <i>SED</i></p> <p>Follow your child's shadow – wave, jump, move your bodies. <i>COG</i></p>

Share a Raising a Reader book with your child.

Week 34

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ Staff's Signature: _____ <i>(Total minutes ÷ 60)</i>

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Make play dough together and play with it while it is warm. COG	Make different sounds within sight of your baby. Pause to see if they will imitate you. FLD	Play ring-around-the-rosy. Substitute jump, march or gallop around the rosy. PD	Make happy, sad, mad and surprised faces in the mirror. SED	Play peek-a-boo using the words "hello" and "goodbye" as you hide and reappear. COG
Color with markers. PD	Sing "Open, Shut Them using large movements – open shut arms, legs, feet and hands. ATL	Freeze small plastic toys in small containers with water. Put the ice toys in a bowl and encourage your child to explore. COG	Have your child pick their favorite book and read it to them. FLD	Walk on a wide balance beam or edge of a sidewalk at the playground. PD
Put small bits of food on baby's tray to pick up. HLTH	Allow your child to choose their clothing for the day. SED	Play Simon Says to help your child practice following directions. ATL	String beads, noodles or cheerios. PD	Invite another Mom or Dad with a child to come play with you and your child. SED

Share a Raising a Reader book with your child.

Week 35

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mix cornstarch and water in a small tub until it seems firm-pick some up, let it ooze through your fingers. COG	Make up silly words, say them and laugh with your child. FLD	Do a texture crawl and describe what you feel – crawl on a soft blanket, prickly grass, or a smooth tarp. FLD	Have different things for your child to smell – a fragrant flower, scented candles, etc. ATL	Help your baby to gently stretch their arms and legs. PD
Make up a name song and sing your family's names. SED	Allow child to peel or mash a banana. PD-HLTH	Shake a rattle fast, then slow; making loud and soft noises. COG	Describe your child's clothing as you help them to get dressed. FLD	Snuggle and rock your child. SED
Offer different containers for your child to put twisting lids on and take them off. ATL	Show child your baby pictures. SED	Sing "The eensy weensy spider", then substitute "great big" instead of "eensy weensy" FLD	Allow your baby to grasp your fingers PD	Allow your child to walk up and down two – three steps holding your hand, if needed. PD

Share a Raising a Reader book with your child.

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily caregiving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognition																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Walk to a nearby park to play. <i>PD-HLTH</i>	Have a "tea party" with your child and their stuffed animals. <i>SED</i>	Make wet footprints on the sidewalk. <i>COG</i>	Pretend to be a duck and waddle around. <i>PD</i>	Squish, pound, pat and push play dough. <i>ATL</i>
Take a bubble bath. Talk about what bubbles feel like. <i>ATL</i>	Look through family pictures and talk about what you see. <i>SED</i>	Let your child spread peanut butter and fruit spread on bread <i>HLTH</i>	Visit a relative or friend <i>SED</i>	Look at pictures of your family and talk about the events shown. <i>SED</i>
Visit the library and check out books. <i>FLD</i>	Brush your child's teeth, and help them to brush your teeth. <i>HLTH</i>	Read a book with your child. <i>FLD</i>	Hand your baby different objects to grasp. <i>PD</i>	Sing a song your child learned at school. <i>FLD</i>

Share a Raising a Reader book with your child.

Week 37

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily caregiving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Give different textured toys or materials to baby to grab, scratch, and feel <i>PD</i>	Cut soft things with a butter knife, such as bananas. <i>HLTH</i>	Use self talk by describing your actions as you interact with your child. (I'm rolling the ball) <i>FLD</i>	Make a safe baby toy. Use pots and pans. Safe kitchen utensils, or design your own. <i>COG</i>	Lay baby on a blanket and let him/her strengthen muscles by rolling, reaching, lifting head, etc. <i>PD</i>
Give toddlers a ride on a blanket, in a large box, or in a laundry basket. <i>COG</i>	Have uninterrupted playtime where the child takes the lead. Can be at bath time, mealtime, with toys, etc. <i>SED</i>	Jars and lids: Practice putting lids on plastic containers. <i>ATL</i>	Sing "Old MacDonald" and imitate animal sounds. <i>FLD</i>	Scribble pictures. <i>PD</i>
Play dress-up, or play Follow the Leader, letting the child take the lead. <i>SED</i>	Play Duck, Duck, Goose or Ring Around the Rosey <i>ATL</i>	Take an evening walk, pointing out the moon and stars. <i>COG</i>	Take turns marking on paper. <i>ATL</i>	Visit a pet store and talk about the animals you see. <i>COG</i>

Share a Raising a Reader book with your child.

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Point at objects and ask "what's that?" <i>FLD</i>	Talk about the colors and shapes of foods. <i>HLTH</i>	Talk to your child using stuffed animals, like a "puppet show" <i>COG</i>	Talk about "big things" & "little things" & "hot and cold" <i>COG</i>	Walk with baby-holding both hands or one hand. <i>PD</i>
Encourage crawling under, through, and around things. <i>ATL</i>	Ring a bell or rattle. Give to baby to try and then take turns. <i>ATL</i>	Make tents out of blankets and furniture. <i>COG</i>	Brush each other's hair. <i>SED</i>	Practice grabbing, holding, and pulling different objects <i>PD</i>
Imitate baby's sounds and facial expressions. Watch how baby responds. <i>FLD</i>	Stand by a window and watch what is going on outside. Talk about anything you see. <i>SED</i>	Take a daytime walk, pointing out the flowers, trees, and birds, etc. <i>SED</i>	Practice rolling on the floor from front to back and back to front, giving the child all the help they need. <i>PD</i>	Look at or read a book with your child. Talk about what is happening in the pictures. <i>FLD</i>

Share a Raising a Reader book with your child.

Week 39

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Have a puppet show. <i>ATL</i>	Have a pots and pans parade. <i>SED</i>	Practice self feeding skills: drinking from a cup, using a fork or spoons, serves own food. <i>HLTH</i>	Read books together and talk about the story and pictures. <i>FLD</i>	Look in the mirror at new teeth and talk about how new and shiny and healthy they are. <i>HLTH</i>
Go grocery shopping and talk about foods and nutrition. <i>HLTH</i>	Talk about visiting the doctor. Take turns pretending to be the doctor and the patient. <i>ATL</i>	Listen to music and dance together. <i>ATL</i>	Try a new food and talk about its flavor, texture and how nutritious it is. <i>HLTH</i>	Do some gardening: Dig, pull weeds, plant seeds, water. <i>SED</i>
Play Hide-and-Seek with a toy. <i>ATL</i>	Kick a ball back and forth – play soccer. <i>PD</i>	Praise, Praise, Praise your child. <i>SED</i>	Tear pages from newspapers or magazines. <i>PD</i>	Sing your baby a lullaby while hugging and rocking them. <i>SED</i>

Share a Raising a Reader book with your child.

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Talk to baby about what you are doing each time you change a diaper. <i>FLD</i>	Play "Peek-A-Boo" or "This Little Piggy" while changing baby's diaper. <i>SED</i>	Use paint "bingo" daubers to make marks on paper or stamp on a pad. <i>PD</i>	Sing and say nursery rhymes – "Twinkle, Twinkle, Little Star, etc." <i>FLD</i>	Make up a silly song about the day. Use baby's name in the song. <i>FLD</i>
Paint with water. <i>ATL</i>	Read a story to baby. <i>FLD</i>	Smell/feel different spices. <i>ATL</i>	Draw on a blank paper. <i>PD</i>	Build with blocks making short and tall towers. <i>COG</i>
Play games: "So Big," "Bye-Bye," etc. <i>COG</i>	Have a pretend tea party. <i>ATL</i>	Trace your child's body on a large piece of paper. <i>SED</i>	Wash toys together. <i>ATL</i>	Give your child a massage with or without lotion. <i>SED</i>

Share a Raising a Reader book with your child.

Week 41

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Make homemade play dough and play together. <i>ATL</i>	During feeding, give your baby a cracker to feed self. <i>HLTH</i>	Make sounds like "da," "ga," "ka," and "ba" with baby. <i>FLD</i>	Let your child help wipe off the table or counter after meals. <i>SED</i>	Climb stairs to see how many your child can climb on their own. <i>PD</i>
Hop like a bunny or frog. <i>PD</i>	Go to the local library and check out a book to read with your baby. <i>FLD</i>	Put a toy just out of reach for baby to try to get, watch to see how they do this. <i>ATL</i>	Talk about and point to body parts. <i>SED</i>	Wash dolls in bubbles. <i>HLTH</i>
Smile, coo, and talk to your baby while diapering, feeding and bathing. <i>SED</i>	Let your child put on or take off his/her coat. <i>HLTH</i>	Pretend you are airplanes and "fly" around the yard. <i>ATL</i>	Rock baby back and forth in your arms, humming a tune. <i>ATL</i>	Visit a relative or call one on the phone. <i>SED</i>

Share a Raising a Reader book with your child.

Week 42

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Read books to your child. Let them turn the pages. <i>FLD</i>	Make a "noodle necklace" (string noodles on yarn). <i>PD</i>	Play at the park. <i>PD</i>	Go outside and listen to different sounds, and then try to identify them – airplane, car, dog, lawn mower. <i>ATL</i>	Roll a ball back and forth on the floor. <i>ATL</i>
Make wet footprints on the sidewalk. <i>COG</i>	Hug a doll or stuffed animal and give to baby to do too. <i>ATL</i>	Let your child spread peanut butter on toast, bread, or crackers. <i>HLTH</i>	Ask your child where is mommy, daddy, sister, etc.? and encourage them to point. <i>FLD</i>	Paint with water outside. <i>COG</i>
Allow your child to push the buttons on a toy telephone. <i>PD</i>	Play with dolls or stuffed animals with your child and model interactions – hugging, comforting, praising. <i>SED</i>	Give your child a simple direction to follow such as "Bring me the ball" or "Get your shoes so we can go outside." <i>FLD</i>	Give your child a spoon or fork to eat with and praise their efforts. <i>SED</i>	Visit your local park and chase each other in the grassy areas. <i>COG</i>

Share a Raising a Reader book with your child.

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Blow bubbles together. COG	Tell your child stories about your family and traditions. SED	Crawl around and look at the room or outdoors with your child, exploring from their view. ATL	Place baby on different textures (grass, blanket, floor, etc.) PD	Talk about visiting the dentist. Take turns pretending to be the dentist and the patient. ATL
Make funny faces in the mirror and imitate each other. COG	Make food and go on a picnic. HLTH	Do water play together. SED	Read books together and talk about the story and pictures. FLD	Put Cheerios on a flat surface for baby to pick up. PD-HLTH
Give baby a rattle to hold and shake. COG	Look at baby pictures together. SED	Sing songs or do finger plays. FLD	Stack blocks. PD	Roll or throw a ball together. ATL

Share a Raising a Reader book with your child.

Week 44

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
Minutes per activity	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Hold hands and take a little walk. <i>SED</i>	Play this "little piggy". <i>FLD</i>	Crawl around and look at the room or outdoors with your child, exploring from their view. <i>COG</i>	Take a walk in your neighborhood – jump, gallop and take giant steps. <i>PD</i>	Splash the bath water and act surprised. <i>SED</i>
Help your child to pick up their toys and praise them for their effort. <i>SED</i>	Pretend to feed a baby doll. <i>COG</i>	Swish washcloth around in the water. <i>COG</i>	Point to and name animals in a magazine or book. <i>FLD</i>	Sing "If you're happy and you know it". <i>FLD</i>
Hold baby's hands and bounce them up and down <i>PD</i>	Point to and name body parts. <i>FLD</i>	Hide a block and say "where did the block go?" <i>COG</i>	Gently wiggle your child's toes. <i>SED</i>	Roll or throw a ball together. <i>ATL</i>

Share a Raising a Reader book with your child.

Week 45

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>Hold an object within sight of your baby, and then move it slowly to see if your baby can "track" it with their eyes. <i>ATL</i></p> <p>Use two pretend telephones, or unplug real phones - use to talk to your child. <i>ATL</i></p> <p>Explore nesting cups/containers. <i>COG</i></p>	<p>Using items familiar to your child that are in a room, ask your child, "Bring me the____" <i>FLD</i></p> <p>Practice spreading cream cheese on a bagel – enjoy. <i>HLTH</i></p> <p>Visit a library for story time with your child. <i>SED</i></p>	<p>Give your child a push or pull toy and take a neighborhood walk. <i>PD</i></p> <p>Put some colored and scented water in a tub or sink to explore. <i>COG</i></p> <p>Use descriptive words to expand your child's vocabulary. If your child says "dog", say "a furry dog." <i>FLD</i></p>	<p>Ring bells; use wooden spoons on pots and pans or other musical activity. <i>COG</i></p> <p>Lie on the grass and look at the clouds. Talk about what you see. <i>ATL</i></p> <p>Put soap and water in a tub or sink and let your child wash their dolls. <i>SED</i></p>	<p>Walk heavy like an elephant, hop like a frog, and pounce like a cat. <i>PD</i></p> <p>Put on funny hats and look in the mirror together. <i>SED</i></p> <p>Follow your child's shadow – wave, jump, move your bodies. <i>COG</i></p>

Share a Raising a Reader book with your child.

Week 46

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ Staff's Signature: _____ <i>(Total minutes ÷ 60)</i>

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here.

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Make play dough together and play with it while it is warm. COG	Make different sounds within sight of your baby. Pause to see if they will imitate you. FLD	Play ring-around-the-rosy. Substitute jump, march or gallop around the rosy. PD	Make happy, sad, mad and surprised faces in the mirror. SED	Play peek-a-boo using the words "hello" and "goodbye" as you hide and reappear. COG
Color with markers. PD	Sing "Open, Shut Them using large movements – open shut arms, legs, feet and hands. ATL	Freeze small plastic toys in small containers with water. Put the ice toys in a bowl and encourage your child to explore. COG	Have your child pick their favorite book and read it to them. FLD	Walk on a wide balance beam or edge of a sidewalk at the playground. PD
Put small bits of food on baby's tray to pick up. HLTH	Allow your child to choose their clothing for the day. SED	Play Simon Says to help your child practice following directions. ATL	String beads, noodles or cheerios. PD	Invite another Mom or Dad with a child to come play with you and your child. SED

Share a Raising a Reader book with your child.

Week 47

**Shasta Early Head Start Child Development, Inc.
Parent / Child Home Activity Record**

First & Last Name: _____ **Site:** _____ **Mo/Yr:** _____

Check off the time spent on an activity you completed using the Parent-Child Activity sheet, or on any additional special activities you did with your child. We are unable to count daily care giving tasks.

ACTIVITY	SUN			MON			TUES			WED			THUR			FRI			SAT		
	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30	5	15	30
FLD – Foundational Language Development																					
Read to your child																					
Sing Songs																					
Symbol recognition																					
Visit Library																					
COG - Cognitive																					
Imitation/Pretend play																					
Matching/Sorting (same, different)																					
Numbers (more, less, counting)																					
ATL – Approaches to Learning																					
Play dough																					
Color, paint																					
Music, dance																					
Practice taking turns																					
PD and HLTH – Physical Development and Health																					
Large Motor (jump, run, crawl)																					
Small Motor (tear paper, pickup small pieces of food, etc.)																					
Try new food																					
SED – Social Emotional Development																					
Practice consistent routines (bedtime, meals, bath time, etc.)																					
Mirror play																					
Talk about feelings																					
Additional Activities																					
Book Bags																					
Child Goals																					
Child Observation																					
Total																					

Parent Signature: _____ **Date:** _____

Shasta Head Start Staff Purposes Only Grand Total Hours _____ (Total minutes ÷ 60) Staff's Signature: _____

Parent Observations

For teachers to truly understand your child's strengths, interests, and goal areas, it is helpful for parents to write observations of their child participating in the above activities and turn those observations into the child's teacher. Thank you for your help!

Please choose an activity and write an observation about your child on the lines provided below. Avoid using words that give your opinion, (She was "happy." He "wanted" the toy). Instead use words that describe the facts of what your child is doing or saying, (She smiled. He picked up the toy). Remember to write your child's name and the date on the observation. Turn in completed observations along with your parent/child activity records to your child's teacher.

Sample: 09.17.14 - "Today when I picked up Jasmine at school, she ran to greet me with a smile on her face."

Write your observation here

Parent /Child Activities

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mix cornstarch and water in a small tub until it seems firm-pick some up, let it ooze through your fingers. COG	Make up silly words, say them and laugh with your child. FLD	Do a texture crawl and describe what you feel – crawl on a soft blanket, prickly grass, or a smooth tarp. FLD	Have different things for your child to smell – a fragrant flower, scented candles, etc. ATL	Help your baby to gently stretch their arms and legs. PD
Make up a name song and sing your family's names. SED	Allow child to peel or mash a banana. PD-HLTH	Shake a rattle fast, then slow; making loud and soft noises. COG	Describe your child's clothing as you help them to get dressed. FLD	Snuggle and rock your child. SED
Offer different containers for your child to put twisting lids on and take them off. ATL	Show child your baby pictures. SED	Sing "The eensy weensy spider", then substitute "great big" instead of "eensy weensy" FLD	Allow your baby to grasp your fingers PD	Allow your child to walk up and down two – three steps holding your hand, if needed. PD

Share a Raising a Reader book with your child.