

School to Home Connections In-Kind Form

What activity this month did your child enjoy the most?

Stories we read this month:

***Place a star by any book title that you would recommend to other families

Please print child's name _____

Please print the name of person(s) who supported child with learning at home:

_____ Date _____

IN-KIND DOCUMENTATION:

Estimated total time spent on Learning Activities	
Estimated total time spent reading for the month Example: 20 min per night for 30 nights = 10 hours 20 min.	
Total Time spent on activities and reading for the month of _____	

Comments to share with the teachers:

Thank you,

The Center Staff!