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| In-Kind for remote learning program |

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| Classroom Name |  | Classroom Teacher |  |

| Date talked with family | Child’s First and Last Name | Activity tied to Gold Objective or Dimension | Total Time Spent | First & Last name of family member teacher talked to and was it phone, text, email, etc. |
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Parent Signature: COVID-19 Teacher Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reflects after last parent date above

8/20 Email to Christ Welton and Education Coach at the end of each month p:/forms/HeadStart/Remote/Inkind