

Bear River Head Start
Parent In-kind Form
 Revised 07/05/17

Month:	Year:	PHS	EHS	ECP/EHS EX
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Child:	Class:
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Parent 1:	Advocate:
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Parent 2:	Teacher/Educator:
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	Parent 1	Parent 2	Staff total Minutes
*Time spent meeting with Staff at home visits (TO BE COUNTED FOR SPACE ONLY)			
*Time spent acting as Assistant to Part C Provider and Plans *EHS ONLY			
*Time spent working on written Child Goals to support curriculum			
*Time spent working on Child Part C Goals *EHS ONLY			
*Time spent Reading to Child in addition to written child goals			
*Time spent working on Child's Health and Nutrition Goals			
Time spent Recruiting for Head Start			
Time spent completing Family Development Assessment			
Time spent transporting and remaining with target child at medical, dental, mental health appointments TO MEET HEAD START REQUIREMENTS			

Total In-kind Time (all time except home visit): _____

*Please turn this form into your child's Advocate by the end of each month. Include all time spent on items above for the entire month. All time should be tracked in minutes.

TURN FORM OVER TO COMPLETE

Please give a brief summary for EACH CHILD GOAL LISTED

Child Goal to support curriculum:

Health & Nutrition Goals:

Part C Goals to support curriculum:

Total Miles

Mileage taking Target Child to Doctor, Dentist, Counseling, Etc. PER HEAD START REQUIREMENTS	
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Parent 1 Signature: _____ **Date:** _____

Parent 2 Signature: _____ **Date:** _____

HS Staff Signature: _____ **Date:** _____

(If transportation time or mileage please comment)

Staff Comments:

For Fiscal Use Only

***to be counted for space time**

Total Space

Total Mileage

Total In-kind Time