

**Bear River Head Start  
Parent In-kind Form  
Revised 08/21/14**

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

**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**

<b>Mileage taking Target Child to Doctor, Dentist, Counseling, Etc. PER HEAD START REQUIREMENTS</b>	
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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**