

HAPCA HEAD START/EARLY HEAD START IN-KIND AT HOME READING LOG

VOLUNTEER NAME _____ CENTER _____
(Please print your name)

Volunteer Signature _____ Month _____ Year _____

Are you a parent/guardian of an enrolled child? Yes _____ No _____ Child's Name _____

Have you had a child in Head Start in the past? Yes _____ No _____

STAFF SIGNATURE _____ DATE _____

1/1/2016 Revised

DATE	NAME OF BOOK	WHO READ WITH CHILD	HOW LONG <small>Circle time</small>
1			15 mins. 30 mins.
2			15 mins. 30 mins.
3			15 mins. 30 mins.
4			15 mins. 30 mins.
5			15 mins. 30 mins.
6			15 mins. 30 mins.
7			15 mins. 30 mins.
8			15 mins. 30 mins.
9			15 mins. 30 mins.
10			15 mins. 30 mins.
11			15 mins. 30 mins.
12			15 mins. 30 mins.
13			15 mins. 30 mins.
14			15 mins. 30 mins.
15			15 mins. 30 mins.
16			15 mins. 30 mins.
17			15 mins. 30 mins.
18			15 mins. 30 mins.
19			15 mins. 30 mins.
20			15 mins. 30 mins.
21			15 mins. 30 mins.
22			15 mins. 30 mins.
23			15 mins. 30 mins.
24			15 mins. 30 mins.
25			15 mins. 30 mins.
26			15 mins. 30 mins.
27			15 mins. 30 mins.
28			15 mins. 30 mins.
29			15 mins. 30 mins.
30			15 mins. 30 mins.
31			15 mins. 30 mins.

TOTAL TIME: _____