



Home Activity for School Readiness

Child's Name: _____ Week of: _____ to _____

Head Start (Ages 3-5)	Sunday	Monday	Tuesday	Wed.	Thursday	Friday	Saturday
A. Social-Emotional (Mark completed activities with an X)							
1. Practice bedtime routine.							
2. Talk or activity about feelings.							
3. Activity with sharing and cooperation.							
4. Activity with taking turns.							
5. Draw a picture of your family.							
6. Making/playing with friends.							
7. Talks about self, likes/dislikes.							
8. Talks about families and stories.							
9. My Activity * (Fill in Activity)							
B. Physical (Mark completed activities with an X)							
10. Move or dance to music.							
11. Ride and steer a trike/bike/wheeled toy/etc.							
12. Balance on one foot.							
13. Walk on line or beam.							
14. Catch, bounce, throw, kick object.							
15. Crawl, walk, run, hop, jump, gallop, skip.							
16. Exercise with others.							
17. Walk up and down steps.							
18. My Activity * (Fill in Activity)							
C. Language/Communication (Mark completed activities with an X)							
19. Talk with child about interests.							
20. Play travel games, ie. "I Spy".							
21. Expand vocabulary with poems/songs.							
22. Let child "read" to you.							
23. Discuss sequence of daily activities/stories.							
24. Encourage dramatic play with props.							
25. Take a walk & talk about what you see.							
26. Talk about the foods you eat.							
27. Show and tell using describing words.							
28. My Activity * (Fill in Activity)							
D. Cognitive (Mark completed activities with an X)							
29. Sort and/or match objects.							
30. Discuss how items are different/alike.							
31. Count objects.							
32. Play with puzzles and/or building toys.							
33. Play board and/or card games.							
34. Recall sequence of events: 1st, 2nd, next, last.							
35. Make comparisons (more/less, large/small, etc)							
36. Recognize and name colors.							
37. My Activity * (Fill in Activity)							
E. Literacy (Mark completed activities with an X)							
38. Read to your child.							
39. Play with writing tools and paper.							
40. Have child retell a story or experience.							
41. Have child dictate story to go with picture.							
42. Make and mail cards for others.							
43. Draw and/or follow recipe for cooking.							
44. Recognize letters and sound in name.							
45. My Activity * (Fill in Activity)							

Head Start 1/4 hr increments for each activity	Sunday	Monday	Tuesday	Wed.	Thursday	Friday	Saturday
F. Mathematics (Mark completed activities with an X)							
46. 1 to 1 Correspondence, ie. setting table.							
47. Measure: cups/spoons, weight, length, non-standard.							
48. Play games with shapes.							
49. Play games with more/less, greater than/fewer than.							
50. Play and extend patterns, AB, ABC, etc.							
51. Play games with over, under, top, bottom, etc.							
52. Make a graph.							
53. Compare objects using 1 attribute.							
54. My Activity * (Fill in Activity)							
G. Science & Technology (Mark completed activities with an X)							
55. Cause & effect (mix colors, empty/full wagon, cooking, etc.)							
56. Take seasonal walks and make collage/collection.							
57. Make a food item. Use all your senses.							
58. Practice proper handwashing/talk about germs.							
59. Supervise brushing teeth/talk about dental health.							
60. Make mystery box: texture, shape, smell, sound.							
61. Tasting party: sweet, salty, spicy, sour, etc.							
62. Do simple investigations: predict, observe, test, etc.							
63. My Activity * (Fill in Activity)							
H. Social Studies (Mark completed activities with an X)							
64. Memorize name, address, phone number.							
65. Visit community sites and events.							
66. Talk about family, holiday, or culture.							
67. Help with family chores.							
68. Dramatic play with community jobs.							
69. Make a large play map of your community.							
70. Visit a neighbor.							
71. Identify traffic signs.							
72. My Activity * (Fill in Activity)							
I. Arts (Mark completed activities with an X)							
73. Draw with crayons, markers, etc.							
74. Use scissors and glue.							
75. Make collage: torn/cut nature objects.							
76. Play with playdough.							
77. Experiment with paint and paper.							
78. Make up songs, stories, and dances.							
79. Self portrait with body parts.							
80. Use textiles to create art product.							
81. My Activity * (Fill in Activity)							
J. Program Focus Areas (Areas our program needs to work on.)							
82. * (Fill in Activity)							
83. * (Fill in Activity)							
84. * (Fill in Activity)							

* Indicates activity chosen by Parent/Child and Approved by Teacher/Family Service Professional

FOR DMC USE ONLY	Total Daily Hours						
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1. Providing space, utilities, and furnishings necessary to carry out planned activities.
Total hours _____ x \$2.00/hr = \$ _____ ← Total Space Inkind

2. Time Spent working on planned Head Start activities with enrolled child during this week.
Total hours _____ x \$21.50/hr = \$ _____ ← Total Home Activity Inkind

☐ If box is checked, the maximum of 7 hours has been obtained for the week, totaling a value of \$14 space and \$150.50 time.

Parent Name

Parent Signature:

(Please Print)

Staff Signature:

Center:

Class: