

Family Literacy Log

READY SET READ

Child's Name: _____ Parent/Guardian Name: _____

Month: _____ Center: _____

DATE	ACTIVITY	REPORT OF COMPLETED ACTIVITY	INITIAL
	Before reading the book activity		
	Read:		
	After reading the book activity		
	Science activity		
	Math Activity		
	Large motor skills activity		
	Song/Poem activity		
	Literacy activity		
	Social/Emotional activity		
	Small motor skills activity		

Head Start Families: Please enter the date and initial each activity you complete with your Head Start child. You may want to write a description of your experiences. Please keep the activity page to use again, and **return this sheet with the book.** All completed activities can be counted as in-kind.

Participant Signature _____

Number of Activities Completed _____ X .25= _____ Total Time

Head Start Staff Signature _____