Pueblo of Laguna-Department of Education-Division of Early Childhood

Preschool Head Start

FAMILY READING LOG

Classroom: _____

Child's Name: _____ Month/Year: _____

***Please document the time spent reading to your child. The time will be used for In-Kind. Thank You!**

Date	Reading Time Minutes	Book Title Name	Please Print First & Last Name (No Nicknames)	Do you Recommend this book? Yes or no

FOR HEAD START STAFF TO FILL OUT

IN-KIND TIME: _____

IN-KIND AMOUNT: _____

HEAD START FISCAL YEAR JULY 2020-JUNE 2021

Revised 8/28/20 KA