








# Parent Home Involvement Checklist

**Instructions:** Please check the amount of time you or other family members were involved at home with your child in the past week.

Child \_\_\_\_\_ Parent \_\_\_\_\_ Week of \_\_\_\_\_

Classroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_ CPC/ School \_\_\_\_\_

Reading with child 	Math (e.g. shapes, addition, multiplication) 	Arts & crafts (e.g. drawing, writing stores) 	Watching educational TV programs with your child 	Playing games and puzzles 	Going on outings with child (e.g. museums, zoos, parks) 	Going to the library or community center with child 
<input type="checkbox"/> none <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 1 hr. <input type="checkbox"/> 2 hours <input type="checkbox"/> more than 2 hours	<input type="checkbox"/> none <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 1 hr. <input type="checkbox"/> 2 hours <input type="checkbox"/> more than 2 hours	<input type="checkbox"/> none <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 1 hr. <input type="checkbox"/> 2 hours <input type="checkbox"/> more than 2 hours	<input type="checkbox"/> none <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 1 hr. <input type="checkbox"/> 2 hours <input type="checkbox"/> more than 2 hours	<input type="checkbox"/> none <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 1 hr. <input type="checkbox"/> 2 hours <input type="checkbox"/> more than 2 hours	<input type="checkbox"/> none <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 1 hr. <input type="checkbox"/> 2 hours <input type="checkbox"/> more than 2 hours	<input type="checkbox"/> none <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min <input type="checkbox"/> 1 hr. <input type="checkbox"/> 2 hours <input type="checkbox"/> more than 2 hours








The information you provide will not be shared with others. Your responses will help our school improve services for families. Return this form to the Parent Resource Teacher by \_\_\_\_\_

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