PUEBLO OF LAGUNA-DEPARTMENT OF EDUCATION

DIVISION OF EARLY CHILDHOOD

FAMILY READING LOG

Child's Name:_____ Month/Year: _____

Classroom:_____

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 your First & Last Name (No Nicknames)***	***Do you Recommend this book? Yes or no***
07/01/22 (Example)	*10 minutes*	*The Cat In The Hat*	*John Doe*	*Yes*

Head Start Office Use Only

IN-KIND TIME:_____ **IN-KIND Amount:** _____ **Date Entered:**_____

HEAD START FISCAL YEAR JULY 2022-JUNE 2023 **Staff Initials:** _____

Revised 7/19/22 *KA*

Continue in back ➡

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

Head Start Office Use Only

IN-KIND TIME:_____ **IN-KIND Amount:** _____ **Date Entered:**_____

HEAD START FISCAL YEAR JULY 2022-JUNE 2023 **Staff Initials:** _____