

# PARENT ACTIVITY LOG

Parents are asked to complete this log *for one week once a month*

Child's Name \_\_\_\_\_  
FIRST NAME LAST NAME

Person Completing Form \_\_\_\_\_ Staff Name \_\_\_\_\_

**WEEK:** Day/Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ through Day/Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DAY OF THE WEEK MONTH DAY YEAR DAY OF THE WEEK MONTH DAY YEAR

| Learning Activity | At the end of the week, answer these questions for each learning activity:         |            |               |             |           |  |          |           |             |              |   |          |           |             |              |
|-------------------|--|------------|---------------|-------------|-----------|--|----------|-----------|-------------|--------------|---|----------|-----------|-------------|--------------|
|                   | How many days during the week did your child participate in the learning activity? |            |               |             |           | How hard did your child work during the learning activity? |          |           |             |              | How much did your child smile, laugh, enjoy, or get excited during the learning activity? |          |           |             |              |
|                   | None   | One or Two | Three or Four | Five or Six | Every Day | Not At All   | A Little | Some-what | Quite A Bit | A Great Deal | Not At All  | A Little | Some-what | Quite A Bit | A Great Deal |
|                   | 1  | 2          | 3             | 4           | 5         | 1  | 2        | 3         | 4           | 5            | 1   | 2        | 3         | 4           | 5            |
|                   | 1  | 2          | 3             | 4           | 5         | 1  | 2        | 3         | 4           | 5            | 1   | 2        | 3         | 4           | 5            |
|                   | 1  | 2          | 3             | 4           | 5         | 1  | 2        | 3         | 4           | 5            | 1   | 2        | 3         | 4           | 5            |
|                   | 1  | 2          | 3             | 4           | 5         | 1  | 2        | 3         | 4           | 5            | 1   | 2        | 3         | 4           | 5            |
|                   | 1  | 2          | 3             | 4           | 5         | 1  | 2        | 3         | 4           | 5            | 1   | 2        | 3         | 4           | 5            |
|                   | 1  | 2          | 3             | 4           | 5         | 1  | 2        | 3         | 4           | 5            | 1   | 2        | 3         | 4           | 5            |