Sacramento City Unified School District

HEAD START/EARLY HEAD START CLASSROOM VOLUNTEER ACTIVITIES

TEACHER: _____ SITE/CLASS:_____ MONTH/YEAR: _____

Date	Use Pen Only! **Teacher Reviewed**:_____		Relationship to child	Activities are to be Instructional Aide activities consistent with current job specifications.	Time in Classroom	Office Use Only
	PRINT Adult Name	Adult **Sige**				