

## Open-ended Home Learning Activities

### Buildings Study (HS)

Try these activities with your child:

- Walk around your neighborhood or community. Talk about different buildings –  
“What can you tell me about this building?” “What do you think happens inside the building?” “What is it made of?”
- Make something out of a cardboard box or cereal box and send in to share.
- Count the number of doors and windows around your home. Ask, “Are there more doors or window?” “Which is less?”
- Like our story *The Three Little Pigs*, build a house out of items around your house. Draw a picture of your creation and send it in to share.
- What is special about your house? Draw a map/ blueprint of your house.
- If you could build anything, what would it be? Draw a picture. Write what the building will be used for and the materials you would use.
- Draw a picture of your favorite building and tell write it’s your favorite.  
Ex. The library because I love to read new books,  
The fire department because I want to be a firefighter,  
Wal-Mart because they have toys,  
The post office because I like getting mail



# Head Start/Early Head Start

## Home Learning Response Form

Child's Name \_\_\_\_\_ Family Member's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Activity: \_\_\_\_\_  
\_\_\_\_\_ (EHS see attached directions)

Week of (Date) \_\_\_\_\_

Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
Hours                      Hours                      Hours                      Hours                      Hours                      Hours                      Hours

Total Hours Spent on Learning Activity \_\_\_\_\_  
Total Hours

Books read with child. Please write the title of each book read, date and number of hour(s).

_____ / _____ Name of Book                      Date                      Hours	_____ / _____ Name of Book                      Date                      Hours
_____ / _____ Name of Book                      Date                      Hours	_____ / _____ Name of Book                      Date                      Hours
_____ / _____ Name of Book                      Date                      Hours	_____ / _____ Name of Book                      Date                      Hours

\*Please read daily

Total Hours spent reading books \_\_\_\_\_  
Total Hours

**Comments:**

What did you like or dislike about this activity?

Please provide any suggestions for future activities.

Please return this form, completed in black or blue ink, by the following date \_\_\_\_\_

Family Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Total Number of Hours \_\_\_\_\_ In-Kind Rate \_\_\_\_\_ Value: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Head Start/Early Head Start  
Formulario de respuesta de aprendizaje en el hogar

Nombre del estudiante: \_\_\_\_\_ Nombre del miembro de la familia: \_\_\_\_\_

Nombre del maestro(a): \_\_\_\_\_

Título de actividad: \_\_\_\_\_  
(ver description adjunta)

Semana de (fecha): \_\_\_\_\_

domingo \_\_\_\_\_ lunes \_\_\_\_\_ martes \_\_\_\_\_ miércoles \_\_\_\_\_ jueves \_\_\_\_\_ viernes \_\_\_\_\_ sábado \_\_\_\_\_  
horas horas horas horas horas horas horas horas

horas totales dedicadas a la actividad de aprendizaje: \_\_\_\_\_  
horas totales

Libros leídos con el niño. Por favor escriba el título del libro, la fecha y el número de horas:

_____ / _____	_____ / _____
Nombre del libro fecha horas	Nombre del libro fecha horas

_____ / _____	_____ / _____
Nombre del libro fecha horas	Nombre del libro fecha horas

_____ / _____	_____ / _____
Nombre del libro fecha horas	Nombre del libro fecha horas

Horas totales dedicadas a leer \_\_\_\_\_  
horas totales

Comentarios:  
Que le gusto o le disgusto de esta actividad?

Por favor brined sugerencias para actividades futuras:

Devuelva este formulario en tinta azul o negra en la siguiente fecha: \_\_\_\_\_

Firma del miembro de la familia: \_\_\_\_\_ fecha: \_\_\_\_\_

Uso de oficina solamente

Total number of hours: \_\_\_\_\_ In-Kind Rate: \_\_\_\_\_ Value: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Uppercase Letter Recognition

J	Y	C	H	G	M	Q
D	S	A	W	B	X	R
E	K	N	V	F	L	Z
T	U	P	O	I		

You can play I Spy with letters in books, a magazine, a newspaper, on signs around town or when driving, at the store, etc

Lowercase Letter Recognition

o	g	q	x	p	a	h
b	y	f	r	t	w	k
u	l	d	c	j	m	v
e	z	n	s	i		

A 3 year old is expected to:

Recognize and name as many as 10 letters, especially those in own name

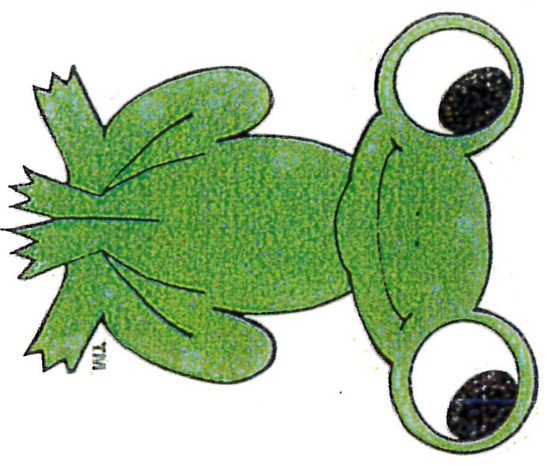
A 4 year old is expected to:

Recognize and name at least 10 letters and begin to identify and name 11-20 upper- and 11-20 lowercase letters when presented in random order

ASK your child to count to 20.  
Can they count backwards from 10 to 0?

# KNOW YOUR Numbers

1, 2, 3, 4, 5, 6, 7,  
8, 9, 10, and 11  
on and on  
the numbers go  
I can count them  
fast or slow.



0 1 2 3 4 5  
6 7 8 9 10  
11 12 13 14 15  
16 17 18 19 20

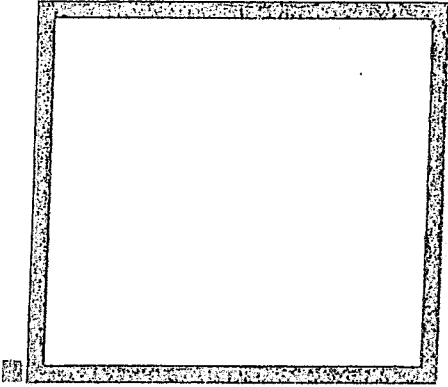
How old are you? \_\_\_\_\_

Visit [readdyreddy.org](http://readdyreddy.org) for more great ideas.

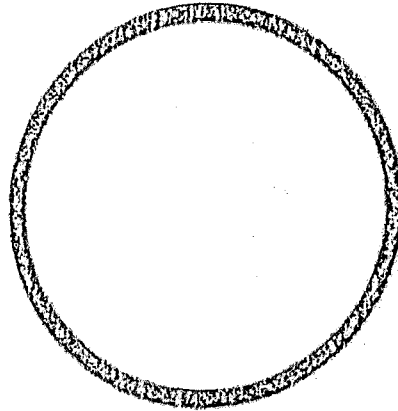
What number comes before \_\_\_\_\_?  
What number comes after \_\_\_\_\_?

## Shapes

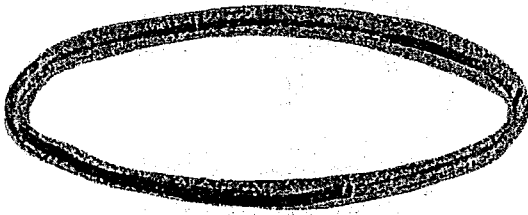
Your preschooler should be able to name and describe (how many sides, etc.) the shapes below:



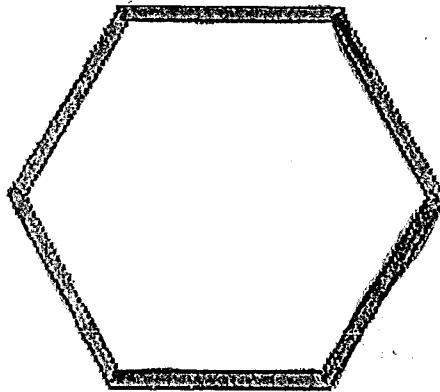
square



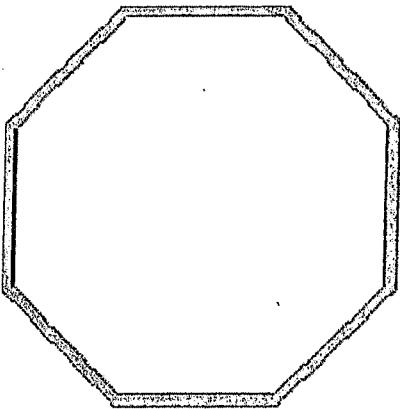
circle



oval



hexagon



octagon



rectangle