Site/Classroom: _____

# Professional In-kind Sign in Sheet
## Community Action of Southeast Iowa
## Head Start/Early-Head Start

Return form to Head Start
Administrative Specialist

| Date | Print Name | Professional Title | Agency Represented | Student Name | TIME IN | TIME OUT | Length of Visit | Type of Activity |
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| FOR OFFICE USE ONLY<br>RNs: _____<br>Early Access: _____<br>Speech/Lang Path: _____<br>Speech/Lang Asst: _____ | Occ Therapist: _____<br>Physical Therapist: _____<br>Dental Hygenist: _____<br>Librarian: _____<br>Lion's Club: _____ | Dentist: _____<br>Conservationist: _____<br>_____<br>_____<br>_____ | Staff Initials: _____<br><br><br>CO Verifying: _____ |

Rev 10/11/2023