Site/Classroom: _____

Site Staff Initials: _____

Month/Year: _____

Professional In-kind Sign-in Sheet
Community Action of Southeast Iowa
Head Start Preschool & Early-Head Start

Head Start Preschool & Early Head Start
Community Action of Southeast Iowa

Date	Full Name (Please Print)	Professional Title	Agency	Student Name	TIME IN	TIME OUT	Length of Visit	Service Provided

FOR OFFICE USE ONLY			
AEA Teacher: _____	RN: _____	Speech/Lang Path: _____	_____
AEA Occ Therapist: _____	Lic. Med. SW: _____	Speech/Lang Asst: _____	_____
AEA Phy. Therapist: _____	Dentist: _____	Conservationist: _____	_____
AEA Interventionist: _____	Dental Hygienist: _____	Social Worker: _____	**Total Hours:** _____
	RDA: _____	TDHH: _____	**Total In-Kind:** _____

8/2025

Return form to Head Start Administrative Specialist

CO Verifying Initials: _____