

# F.I.T. Form

## November

Your children's names \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Classrooms \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your name(s) \_\_\_\_\_  
 \_\_\_\_\_

Your phone number \_\_\_\_\_

Please **WRITE** in the # of hours for this month that your **family** has volunteered in the school.

Type of participation	# of hours	Type of participation	# of hours
<b>Program Support</b>		<b>Classroom Help</b>	
OSC Board position		Small group instruction or tutoring	
OSC Board classroom rep		In-class prep or work correction	
Classroom Parent Commitment Coordinator		C leaning	
Publicity		Class party help	
Committee work		Instruction in your field	
School Site Council		Fieldtrip driver, chaperone, coordinator	
Special events help		Lunchtime supervision help	
Fundraising events help		<b>Grounds Work</b>	
<b>Work Completed at Home</b>		Work Day Coordinator	
Correcting student work		Participation in a school work day	
Classroom laundry		Participation in a classroom cleaning day	
Home prep work		<b>Other</b>	
Shopping for supplies		H.O.P.S Band	
Refreshments/ingredients supplied		All Parent Meeting/ PAB Meetings	
Book orders		Please specify:	

If your family was unable to participate this month, please let us know why by checking all that apply:

We did not have enough time

We are not sure how to get involved

Other (Please explain):

Additional Comments:

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\*\*\*Please call your classroom PCC or the PCC coordinators if you have any questions.\*\*\*

***Thank you for your dedication!***