

**Activity: Exploring A Face**

**Developmental Focus Area: Science Age: Infant +toddlers (1-2)**

**The activity allows your child to understand the concept of Science. Young children have not yet learned that they can reach out and touch most things they see. Infants/toddlers lean to move their hands purposely towards objects as they grow. Your face is the closest object they see.**

**During this activity, your child will explore using the sense of feeling, seeing, and hearing. Allow your baby to explore your face by having them touch the parts of your face. Place your baby hand, using the word to name each part of your face. (Example) As you touch your eyes, say to him/her, these are my eyes, I see with my eyes”. (Place infant/toddler hands on his or her eyes). You can do little tricks like rolling or blinking your eyes. Continue this activity by naming and connecting the use to other parts on your face long as your child is interested.**

**See our Family Resource Library: “Learning Games Activities (7) for details of this activity.**

**Online Resource-** <https://bold.expert/the-importance-of-faces-for-infants-learning/> **for Science activities to enjoy with your child while at home!**

***\*\*\*Please remember to read aloud to your child daily. We recommend reading a minimum of 3 hours a week with your child. ![C:\Users\BCCAP- Head Start\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\VAOL3GO4\MC900437791[1].wmf]()***

**The PAL letters are developed to support your child’s academic/social emotional progress and related to the programs School Readiness goals.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Rate this activity from 1-5, circle your rating (5= highest rating): **1 2 3 4 5**

Comments about the activity: (PROVIDE EXAMPLE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that completing the at home activity and reading aloud to my child is equivalent to four hours volunteer time for the week.

**Parent’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **DATE** | **Activity Code** | **HOURS WORKED** | **RATE** |
|  | **HA** | **4 hours** |  |