

EDUCATION INITIAL HOME VISIT

Child's Name: _____ Center: _____

Date & Time of Visit: _____

Address: _____

E-mail address: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Place of Visit: Home _____ Center _____ Other _____ Reason _____

Person Present at Home Visit _____

Head Start Staff visited us today and explained the following: (Please check off items as you discuss)

ITEMS TO BE DISCUSSED/COMPLETED

- | | |
|--|--|
| <input type="checkbox"/> Initial Home Visit Form | <input type="checkbox"/> Monthly Newsletters/Calendars |
| <input type="checkbox"/> School Readiness Plan Overview | <input type="checkbox"/> TSG Assessment Overview |
| <input type="checkbox"/> Welcome Letter | <input type="checkbox"/> Lending Library Opportunities |
| <input type="checkbox"/> Curriculum Questions/Parent Input | <input type="checkbox"/> Ready Rosie Parent Engagement |
| <input type="checkbox"/> Attendance Works | <input type="checkbox"/> Emergency Cards (CP 1520) |
| <input type="checkbox"/> Classroom Schedule | <input type="checkbox"/> Keeping Kids Safe |
| <input type="checkbox"/> Meeting Time Donation (In-Kind) Form | <input type="checkbox"/> Conscious Discipline |
| <input type="checkbox"/> I'm Safe Transportation Overview Training | |

Do you have any questions regarding information obtained?

Parents/Guardians Comments:

Staff Comments:

Parent Handbook, Resource Manual, VOTS, were received at enrollment. Parents are given the opportunity to review during this Initial Home Visit.

Signatures and Dates obtained on all paperwork? Yes No

Date

Parent/Guardian Signature

Date

Education Staff Signature