HIGHLAND RIM HEAD START
END OF YEAR HOME VISIT

Child's Name: _____ Center: _____

Date & Time of Visit: _____

Address: _____

Parent/Guardian Name: _____

Place of Visit: Home _____ Other _____ Reason _____

Person Present at Home Visit _____

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

ITEMS TO BE DISCUSSED

_____ Summer Transition Packet _____ Lap-3 Report to Parent of Child's Development

ITEMS TO BE COMPLETED

_____ Home Visit Form _____ In-kind Form

_____ Provide Parent with Child Portfolio _____ School Readiness Progress Report

Kindergarten Registration Status _____Enrolled _____ Not Enrolled

Did your family participate in the agency Lending Library? _____ YES _____ NO

Parents Comments/Suggestions:

_____

_____

Staff Comments:

_____

_____

_____ _____
Signature of Parent/Guardian Date

_____ _____
Education Staff Signature Date