

INITIAL HOME VISIT

Child's Name: _____ Center: _____

Date & Time of Visit: _____

Address: _____

Parent/Guardian Name: _____

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

- | | |
|---|---|
| ___ Initial Home Visit Form | ___ I'm Safe Transportation Training |
| ___ Record Release Form | ___ Monthly Newsletters/Calendars Discussed |
| ___ School Readiness Plan | ___ Permission to Publish Photo. Material |
| ___ Parent Handbook | ___ LAP-3 Assessment Overview |
| ___ Curriculum Questionnaire/Parent Input | ___ Lending Library Opportunities |
| ___ Developmentally Appropriate Practices | |

Do you have any questions regarding information obtained?

Parents/Guardians Comments:

Staff Comments:

Date

Parent/Guardian Signature

Date

Education Staff Signature