

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

___ School Readiness Plan

___ Monthly Newsletters/Calendars Discussed

___ Parent Handbook

___ LAP-3 Assessment Overview

___ Curriculum Questionnaire/Parent Input

___ Lending Library Opportunities

Do you have any questions regarding information obtained?

Parents/Guardians Comments:

Staff Comments:

Date

Parent/Guardian Signature

Date

Education Staff Signature