

Location ID: _____

Highland Rim Head Start

Family Partnership Visit Form

Child's Name: _____ Date _____

Who was present at the Home Visit? _____

Location of visit _____

If other than home, please provide an explanation _____

Follow-up:

Education Check-in:

Attendance:

Family Information/Needs:

Referrals: _____

Family Goal/update:

Health

Physical:

Dental:

Nutrition:

Specialist:

Completed Items:

- | | |
|---|--|
| <input type="checkbox"/> Update Contact Information | <input type="checkbox"/> Child and Family Profile |
| <input type="checkbox"/> Family Interest Survey | <input type="checkbox"/> Medical/Dental/In Kind |
| <input type="checkbox"/> School Readiness at Home | <input type="checkbox"/> Family Outcomes Assessment |
| <input type="checkbox"/> Transition/Summer Information | <input type="checkbox"/> Sibling Application |
| <input type="checkbox"/> Adverse Childhood Experiences
Screening/Information | <input type="checkbox"/> Next Parent Meeting/Family Night: _____ |

Things to Do:

Parent Signature _____ Date _____

Staff Signature _____ Date _____

Length of Home Visit _____