

Location ID: _____

Highland Rim Head Start

Home 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:

- Update Contact Information
- Family Interest Survey
- School Readiness at Home
- Transition/Summer Information
- Adverse Childhood Experiences Screening/Information

- Child and Family Profile
- Medical/Dental/In Kind
- Family Outcomes Assessment
- Sibling Application
- Next Parent Meeting/Family Night: _____

Things to Do:

Parent Signature _____ Date _____

Staff Signature _____ Date _____

Length of Home Visit _____