

Location: \_\_\_\_\_

## Highland Rim Head Start

### Home Visit Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Who was present at the Home Visit? \_\_\_\_\_

Location of visit: \_\_\_\_\_

If other than home, please provide explanation:

\_\_\_\_\_  
\_\_\_\_\_

Purpose of visit (i.e. Attendance, Education, Health, Nutrition, etc.): \_\_\_\_\_

\_\_\_\_\_

Family Information/Needs:

\_\_\_\_\_  
\_\_\_\_\_

Is family in crisis?  Yes  No

Referrals: \_\_\_\_\_

Family Goal/Update: \_\_\_\_\_

\_\_\_\_\_

Visitation Notes (What was discussed, accomplished, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Completed Items:

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

Follow-up Needed:

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_