

**END OF YEAR HOME VISIT/TRANSITION**

Child's Name: \_\_\_\_\_

Date & Time of Visit: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Place of Visit: Home \_\_\_\_\_ Other \_\_\_\_\_ Reason \_\_\_\_\_

Person Present during Home Visit: \_\_\_\_\_

Head Start Teachers visited us today and explained the following: (Please check off all items, ensure all items are discussed)

**ITEMS TO BE DISCUSSED/COMPLETED AT END OF YEAR HOME VISIT:**

- \_\_\_\_\_ End of Year Home Visit Form
- \_\_\_\_\_ Ready Rosie Handout
- \_\_\_\_\_ Summer Activities Calendar
- \_\_\_\_\_ Parent Pages
- \_\_\_\_\_ Attendance Works
- \_\_\_\_\_ Handwriting without Tears

- \_\_\_\_\_ Kindergarten Preparedness
- \_\_\_\_\_ Recruitment Flyer
- \_\_\_\_\_ TSG Report for the Family
- \_\_\_\_\_ Provide Parent with Child Portfolio
- \_\_\_\_\_ In-Kind Form
- \_\_\_\_\_ Head Start Certificate

**Kindergarten Registration Status**

\_\_\_\_\_ Enrolled \_\_\_\_\_ Not Enrolled

- Do you need assistance getting your child registered for next school year? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are there any additional resources we can provide you at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did your family utilize the Lending Library materials offered? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Did your family utilize Ready Rosie? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you returned all tablets and accessories used for virtual services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent Comments/Feedback:

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

Staff Comments/Notes:

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

Follow-up Needed: Yes No

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Education Staff Signature

\_\_\_\_\_  
Date