

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
- _____ LAP B to K 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