

**HIGHLAND RIM HEAD START
END OF YEAR HOME VISIT**

Child's Name: _____ Center: _____

Date & Time of Visit: _____

Address: _____

Parent/Guardian Name: _____

Place of Visit: Home _____ Other _____ Reason _____

Person Present at Home Visit _____

Head Start Teachers visited us today and explained the following: (Please check off items as you discuss)

ITEMS TO BE DISCUSSED

_____ Summer Transition Packet _____ Lap-3 Report for the Family
_____ Ready Rosie Parent Curriculum _____ School Readiness Progress Report

ITEMS TO BE COMPLETED

_____ Home Visit Form _____ In-kind Form
_____ Provide Parent with Child Portfolio

Feedback: _____

Kindergarten Registration Status _____ Enrolled _____ Not Enrolled

Was your family offered the opportunity to participate in the agency Lending Library? _____ YES ___ NO

Did your family utilize the Lending Library materials offered? _____ YES ___ NO

Feedback: _____

Parents Comments/Suggestions:

Staff Comments:

Signature of Parent/Guardian Date

Education Staff Signature Date