

INITIAL HOME VISIT

Child's Name: _____ Center: _____

Date & Time of Visit: _____

Address: _____

Parent/Guardian Name: _____

Place of Visit: Home _____ Center _____ Other _____ Reason _____

Person Present at Home Visit _____

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

ITEMS TO BE DISCUSSED/COMPLETED

- | | |
|--|---|
| _____ Initial Home Visit Form | _____ I'm Safe Transportation Training |
| _____ School Readiness Plan | _____ Monthly Newsletters/Calendars Discussed |
| _____ Parent Handbook/Resource Manual/Volunteer Handbook | _____ LAP-3 Assessment Overview |
| _____ Curriculum Questionnaire/Parent Input | _____ Lending Library Opportunities |
| _____ Attendance Works/Policy | _____ Ready Rosie Parent Curriculum |
| _____ Classroom Schedule | _____ Emergency Cards |

Do you have any questions regarding information obtained?

Parents/Guardians Comments:

Staff Comments:

Signatures and Dates obtained on all paperwork? Yes No

Date

Parent/Guardian Signature

Date

Education Staff Signature