

**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

\_\_\_\_ LAP-3 Assessment Overview

\_\_\_\_ Curriculum Questionnaire/Parent Input

\_\_\_\_ Lending Library Opportunities

\_\_\_\_ Attendance Works

\_\_\_\_ Ready Rosie Parent Curriculum

\_\_\_\_ Classroom Schedule

\_\_\_\_ Emergency Cards

\_\_\_\_ Letter from the Director

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