



# Head Start

*"Building partnerships, changing lives"*

## Community Services of Northeast Texas, Inc. Home Visit Form

Parent Copy

Teacher Copy

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

Teacher: \_\_\_\_\_ Family Member(s) \_\_\_\_\_

Home Visit Purpose: Education Other: \_\_\_\_\_

Location of visit if not in the home: \_\_\_\_\_

If canceled, reason: \_\_\_\_\_ Date rescheduled: \_\_\_\_\_

1 <sup>st</sup> Home Visit	INITIAL/DATE	2 <sup>nd</sup> Home Visit	INITIAL/DATE
Daily Schedule		<i>Circle Assessment Data</i>	
School Readiness Goals		Home Activities are to be given to parents.	
Developmental Screening		Portfolio (EHS)	
Sample Parent Report		<i>Sample of student's work or journal (HS)</i>	
		Individual Child Planning /Activity Form	

Progress on Child's Development & Learning: (Individual Child Planning /Activity Attached)

Activities planned and/or materials taken to support the home visit: \_\_\_\_\_

Additional Discussion Topics:

Parent feedback/comments:

Staff Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_