

CENTER
HOME VISIT/CONFERENCE FORM

PARENT (S) NAME _____ CHILD'S NAME _____

UNIT _____ TEACHER _____

INITIAL Home Visit / Conference (circle one)

DATE COMPLETED _____

- Verify Emergency Information ▪ Authorization Form ▪ Family Orientation ▪ 1st Parent Meeting
 - Daily Schedule ▪ In-Kind (explain process/what can be counted) ▪ Bus restraints (strap system)
 - Parent Packet: NESD Head Start Family Information Book (including Pedestrian Safety for Parents, Bus Guidelines, and Bus Safety Training), WIC, Consumer Information Catalog, NESD Head Start Program Year Calendar, Biking Toward Success – Parent Engagement, Well-Child Care Brochure, School Messenger, Teaching Strategies (Objectives for Development and Learning), Building for the Future – CACFP Program, Talking About Touching Curriculum Overview & Second Step Curriculum Overview.
 - Other: _____
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IF NOT COMPLETED, WHY?

NOTES/PARENT INPUT:

TEACHER SIGNATURE _____ PARENT SIGNATURE _____

FALL Home Visit / Conference (circle one)

DATE COMPLETED _____

- Teaching Strategies GOLD Child Progress and Planning Report (signed and dated), Include Individual Goal Setting, Parent Input and Home Activities.
 - Update emergency cards.
 - Other: _____
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IF NOT COMPLETED, WHY?

NOTES/PARENT INPUT:

TEACHER SIGNATURE _____ PARENT SIGNATURE _____

CENTER
HOME VISIT/CONFERENCE FORM

WINTER Home Visit / Conference (circle one) **DATE COMPLETED** _____

- Teaching Strategies GOLD Child Progress and Planning Report (signed and dated),
Include Individual Goal Setting, Parent Input and Home Activities.
- Update emergency cards. ▪Transition Information: Transition Folder /Handouts

▪Other: _____

IF NOT COMPLETED, WHY?

NOTES/PARENT INPUT:

TEACHER SIGNATURE _____ PARENT SIGNATURE _____

SPRING Home Visit / Conference (circle one) **DATE COMPLETED** _____

- Teaching Strategies GOLD Child Progress and Planning Report (signed and dated),
Include Individual Goal Setting, Parent Input and Home Activities.
- Update emergency cards. ▪Transition Information – Summer Packet

▪Others present for Transition purposes: _____

▪Other: _____

IF NOT COMPLETED, WHY?

NOTES/PARENT INPUT:

TEACHER SIGNATURE _____ PARENT SIGNATURE _____