

CENTER
HOME VISIT/CONFERENCE FORM

PARENT (S) NAME _____ CHILD'S NAME _____

UNIT _____ TEACHER _____

1ST HOME VISIT

DATE COMPLETED _____

- Verify Emergency Information ▪ Bus restraints (strap system) ▪ Family Orientation ▪ 1st Parent Meeting
- Daily Schedule ▪ In-Kind (explain process/what can be counted)
- Parent Packet: NESD Head Start Family Information Book, WIC, Consumer Information Catalog, Raising a Reader Pamphlet, NESD Head Start Program Year Calendar, Immunization Schedule, Teaching Strategies (Objectives for Development and Learning), Building for the Future – CACFP Program, Pedestrian Safety for Parents, Bus Guidelines, and Bus Safety Training, Talking About Touching Curriculum & Form to sign if DO NOT want child to participate.
- Other: _____

IF NOT COMPLETED, WHY?

NOTES/PARENT INPUT:

TEACHER SIGNATURE _____ PARENT SIGNATURE _____

1ST CONFERENCE

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 Binder/Folder /Handouts
- Other: _____

IF NOT COMPLETED, WHY?

NOTES/PARENT INPUT:

TEACHER SIGNATURE _____ PARENT SIGNATURE _____

