

**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    ▪ 1<sup>st</sup> 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 Reach, Teaching Strategies (Objectives for Development and Learning), Building for the Future – CACFP Program, Talking About Touching Curriculum Overview & Second Step Curriculum Overview.
- Other: \_\_\_\_\_

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: \_\_\_\_\_

IF NOT COMPLETED, WHY?

NOTES/PARENT INPUT:

TEACHER SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

