

SOUTHWEST HRA HEAD START

TEACHER HOME VISIT REPORT First Required Visit

Head Start Center: _____ Date: _____

Child's Name: _____

Parent/Guardian's Name: _____ Address: _____

Person Interviewed: _____ Relationship to child: _____

Other People Present: _____

Time Arrived at Home: _____ Time of Departure: _____

A. Information/materials shared:

- _____ First Center Home Activity Letter and Supply Packet
- _____ "Keeping Kids Safe" Parent's Manual
- _____ Personal Safety Curriculum Notification Form (give parent one copy to keep/get signature on a copy to place in child's file for DHS inspection)
- _____ "Fun Things To Do In September" Calendar
- _____ Record child's health history on Health Record
- _____ Present the "Learn & Earn" notebook and explain procedure
- _____ Menus
- _____ Review Volunteer information
- _____ Classroom Daily Schedule
- _____ Child Growth & Development Tracking System (Explain complete system; get Parent Consent signatures on program's copy; **give parent a copy to keep**)
- _____ Begin child's Individual Plan (Parent's Goal)
- _____ Transition/Literacy Services Pamphlet
- _____ Fill out "In-Kind" form
- _____ Other: _____

B. Referrals to be made after visit:

C. Reactions/comments:

Parent/Guardian _____

Staff: _____

Head Start Staff Signature: _____ Date: _____

Head Start Staff Signature: _____ Date: _____