



Head Start

Tri- County Community Council, Inc.
Head Start/Early Head Start
2499 Cypress St. Westville, FL 32464
(850) 548-9900 FAX (850) 548-5644

2nd Home Visit Cover Sheet

Child's Entry Date: _____ Date of Home visit: _____

Child's Name: _____ Parent/Guardian Name: _____

Address visit took place: _____

Arrival Time: _____ Departure Time: _____

Information/Materials Shared:

- _____ Teaching Strategies GOLD/School Readiness Goals/Goal set for child
- _____ Progression of child's learning/Participation
- _____ Individualization (CIP)
- _____ Portfolio Work Samples/Writing & Drawing Journals
- _____ Kindergarten Registration
- _____ Transition
- _____ Going to Kindergarten Curriculum
- _____ School Attending in Fall
- _____ Learning activities and material shared with parent (explain: _____)
- _____ Other (explain: _____)

Parent/Guardian concern: _____

(Discuss with parent/guardian your plan of next steps for addressing the concern. Document your discussion)

____ No additional follow-up is needed ____ Yes, additional follow-up is needed, referred to:

Name of Person receiving the parent concern information for addressing additional follow-up/Date

Parent/Guardian Signature _____

Teacher Signature _____

Home visit was completed at: ____ Home ____ Center ____ Other: (specify) _____ (check the correct option)

Home visit was not completed in the home. _____ Parent written request is attached.
(REQUIRED: document written/signed/dated by parent/guardian then attached to the back of this form)

Note: Teachers will use this cover sheet for the 2nd home visit along with Teaching Strategies Winter Parent Conference form. Home visit will be completed in person or by telephone. * (Applicable during a Pandemic or other catastrophic emergency only).

Complete this form in its entirety before filing in the education file. Inform parents/guardians of any additional follow-ups. Discuss any parent/guardian concerns at the next scheduled parent/guardian meeting and check for any additional concerns.