

Educational Orientation

Child's Entry Date: _____ Today's Date: _____

Child's Name: _____

Parent/Guardian present during orientation:

Information Shared:

- Curriculum (Creative Curriculum for Preschool/Infant Toddlers Two's/Al' Pals/Conscious Discipline/Partners for a Healthy Baby)
- ____ Screenings (Battelle Developmental Screening (BDI) Ages & Stages Questionnaire (ASQ)
- __ Assessment (Teaching Strategies GOLD)
- __ Referral Procedures
- __ Children Files (Education Files, Portfolio)
- Classroom Schedule
- Parent Involvement, Communication, & Concerns
- __ Mealtime
- __ Naptime
- ___ Tooth brushing
- ___ Home Visits (Development & Learning Reports)
- Parent/Teacher Conference (Development & Learning Reports)
- __ Extra Clothes
- ____ Teaching Strategies Family app/ClassDojo app, Tri-County Head Start Facebook page
- _ Other (specify): ___

Parent Response:

Parent/Guardian Signature: _	Date:
Teachers' Signature:	Date:

Note: If a child starts in <u>January</u> and thereafter of the program year, this form will be used in place of the first home visit. The staff will complete this form <u>within two weeks of child's entry</u> into the program.

Home visit will be completed virtue or by telephone. * (Applicable during a Pandemic or other catastrophic emergency only).

06/2023 ADP