

## Tri-County Early Head Start Home Visit Plan

Family \_\_\_\_\_ Date \_\_\_\_\_ Begin time: \_\_\_\_\_ End time: \_\_\_\_\_

Child's name and age \_\_\_\_\_ HV# \_\_\_\_\_

Home visit cancelled and reason: \_\_\_\_\_

Rescheduled date: \_\_\_\_\_ Actual Home visit date \_\_\_\_\_

Child's Initial	Date/Staff	Time	Behavior	Face	Body	Comments
	/ / Staff Initials _____	: a.m.  : p.m.	Irritable____ Tired____ Anxious____ Smiling____ Pleasant____	Pale____ Sores____ Rash____ Discharge from eyes, nose____ Clean____	Rash____ Sores____ Cuts____ Bruises____ Scratches____ Clean____	
	/ / Staff Initials _____	: a.m.  : p.m.	Irritable____ Tired____ Anxious____ Smiling____ Pleasant____	Pale____ Sores____ Rash____ Discharge from eyes, nose____ Clean____	Rash____ Sores____ Cuts____ Bruises____ Scratches____ Clean____	

(Greeting; planned experience (child/parent); choice experience (child); service area discussions; plans for next visit; goodbye)

### Child Development Plan

1. Individual Child Goal:
2. Related Program School Readiness Goal:

Experiences	Observation

## Tri-County Early Head Start Home Visit Plan

Joint Planning for next home visit

Date of next home visit: \_\_\_\_\_

Individual child goal(s)	Materials left with family:
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Area	Outcomes	Materials	Follow-ups
<ul style="list-style-type: none"> <li>• Family Development</li> <li>• Family Health</li> <li>• Caring for Infant/Toddler</li> </ul>			

Discussion of past week: (e.g., What did parent/guardian/family member see child do/say during the week? What happened when they tried new experience/activity, interaction, etc.? What has changed?)

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Service area addressed (circle those discussed and briefly describe what information was shared): child development, health, dental, nutrition, mental health, disability, family services / referral, family engagement.

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Parent/Guardian signature(s):	Date:	Home visitor signature:
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