



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

Home Visit

___ 1st Home visit

___ 2nd Home visit

Child's Entry Date: _____

Date of Home Visit Date: _____

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
- ___ Individualization (HS/EHS Child Individualized Plan)
- ___ Parent/teacher expectations, routines, daily schedule, & communication APP
- ___ Portfolio Collection of Work Sample Samples/Writing & Drawing Journal
- ___ Were Parent/Guardian invited and encourage volunteer? NO ___ Yes ___
- ___ Parent/Guardian Response: _____
- ___ Learning activities and material shared with parent (specify) _____
- ___ Other: (specify) _____

Summary of discussion:

Parent/Guardian response:

Parent/Guardian goals for child:(must be achievable by following parent conference and developmentally appropriate)

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: _____ Date: _____

Teachers' Signature: _____ Date: _____

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: This form will be used for the 1st home visit. If the child starts after the Winter checkpoint and the second home visit is due, this form will be used. Home visit will be completed virtue 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.