



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

Addressed to: _____

From: _____

Today's Date: _____

REASON: Home Visit scheduling

As required by Head Start's Performance Standards, it is time to do an Educational Home Visit to discuss your child's progress thus far, share screening information or results, learning materials, discuss concerns that you may have, set learning goals for your child, and sign any necessary paperwork. The Home Visit has been scheduled to share information with you on the following date: _____ at your home.

Please mark the appropriate place below and return to the center by the next day.

Scheduled date: _____ Time: _____

I can keep the appointment: YES _____ NO _____

A better time and date for me would be: _____

Child's Name: _____

Parent's Signature: _____ Date: _____

Additionally: If you are unable to complete the home visit at your home, please write a separate note to request completing the home visit at a different address. Please indicate where you would prefer to complete the visit, including the address, and why you prefer to not complete it at your home. Also, please sign and date the written request and submit it to your child's teacher along with this form or before the scheduled meeting takes place.