



Head Start

"Building partnerships, changing lives"

Community Services of Northeast Texas, Inc. Home Visit Form

Parent Copy

Teacher Copy

Date: _____ Child's Name: _____

Teacher: _____ Family Member(s) _____

Home Visit Purpose: Education Other: _____

Location of visit if not in the home: _____

If canceled, reason: _____ Date rescheduled: _____

1 st Home Visit	INITIAL/DATE	2 nd Home Visit	INITIAL/DATE
Daily Schedule		<i>Circle Assessment Data</i>	
School Readiness Goals		Home Activities are to be given to parents.	
Developmental Screening		Portfolio (EHS)	
Circle Progress Monitoring Sheet		<i>Sample of student's work or journal (HS)</i>	

Progress on Child's Development & Learning: (Individual Child Planning /Activity Attached)

Activities planned and/or materials taken to support the home visit: _____

Additional Discussion Topics:

Parent feedback/comments:

Staff Signature: _____

Parent Signature: _____