



Parent-Teacher Home/Center Conference Report HS (0-5) 3rd Visit

CHILD INFORMATION

Child's Name: _____ Classroom _____

Teacher: _____ Advocate: _____

If desired for reference:

Address: _____ Phone: _____

HOME VISIT INFORMATION

Date: _____ Time: *start* _____ *end* _____

Family member(s) present: _____

Staff present: _____ Staff completing report: _____

Where was the visit conducted: ___ Home ___ Center ___ Other location ___ Phone

MATERIALS NEEDED:

- Preschool First reports** (reflecting most recent developmental progress, mastered behaviors and non-mastered behaviors for parent to in case he/she chooses to provide a goal other than personal goals(*required.*)).
- Child's Portfolio** to share with parent.
- Learning at Home** resource/activity ideas (*recommended*)
- Information about upcoming program activities, e.g.: transition, parent meetings, summer program (*as relevant*)
- Emergency Card to update with the parent

CONTENT OF HOME VISIT:

Teachers should discuss the following topics and note any important information in the space provided.

Family Profile

Review any recent changes or significant events in the family (deaths, births, who lives in the home, adult job status, etc.)

- *Has our program helped support you with these events?*
- *How could we have supported you better*

<p>Literacy/Culture:</p> <ul style="list-style-type: none"> → <i>Would you like to talk about ways to support your child's home language while he/she learns English? (if applicable)</i> 	
<p>Home-School Connection</p> <ul style="list-style-type: none"> → <i>Does your child talk about school? If so, how?</i> → <i>Have you noticed any other changes that seem related to your child's experience in our program? (e.g., more curious, independent)</i> → <i>Tell us about your child's <u>home reading</u>: What books does s/he enjoy, and with whom? Have you seen change/growth in this area this year?</i> → <i>Has anything changed in your family that you'd like to tell me so I can work better with your child?</i> 	<p><i>Ask family how often someone reads with child at home, and check one of the following:</i></p> <p>_____ Once a day _____ Once a week _____ Once a month _____ Not at all</p>
<p>Learning at Home</p> <p><i>Home visits are a great opportunity to build parents' ability to support children's development at home. This could include:</i></p> <ul style="list-style-type: none"> → <i>Sharing activity ideas (from ECKLC, Learning Games, PF, etc.)</i> → <i>Discussing child's behavior at home and sharing strategies that have worked at school</i> → <i>Looking at materials available in home and making suggestions for how they could support child's development</i> 	
<p>Upcoming Program Activities</p> <p><i>Home visits provide rare 1-1 time with each family, and thus can be a great opportunity to highlight upcoming priority activities, e.g.:</i></p> <ul style="list-style-type: none"> → <i>Policy Council or Parent Committee</i> → <i>Volunteering opportunities</i> → <i>Transition activities</i> 	

<p>Mental Health/Special Needs <i>For children without identified special needs:</i></p> <ul style="list-style-type: none"> → <i>Do you have any concerns about your child's development or behavior?</i> → <i>If child has IEP/IFSP or is in referral process, review current activities or recent progress.</i> → <i>How could our program better include or support you with disabilities/mental health?</i> 	
<p>Nutrition:</p> <ul style="list-style-type: none"> → <i>How has being in the Early Head Start program changed your child's eating habits?</i> 	
<p>Conclusions & Next Steps <i>Summarize key points of visit</i> <i>Confirm any follow-up needed, e.g. referrals, transition meetings, etc.</i></p>	

SIGNED:

Parent Signature: _____

Date: _____

Staff Signature: _____

Date: _____

CD/CDC Signature: _____

Date: _____