HOME BASE **HOME VISIT/CONFERENCE FORM**

PARENT (S) NAME ______CHILD'S NAME _____

UNIT _____HOME VISITOR _____

 1ST HOME VISIT
 DATE COMPLETED

 -Verify Emergency Information
 -1st Group/Parent Meeting
 -1st Curriculum Unit

 -Group Socialization Schedule
 -In-Kind (explain process/what can be counted)

•Parent Packet: NESD Head Start Family Information Book, WIC, Consumer Information Catalog, Raising a Reader Pamphlet, NESD Head Start Program Year Calendar, Immunization Schedule, Teaching Strategies (Objectives for Development and Learning), Building for the Future - CACFP Program, Pedestrian Safety for Parents, Bus Guidelines, and Bus Safety Training, Talking About Touching Curriculum & Form to sign if DO NOT want child to participate.

-Other:_____

IF NOT COMPLETED, WHY?

NOTES/PARENT INPUT:

HOME VISITOR SIGNATURE ______PARENT SIGNATURE ______

1ST CONFERENCE

DATE COMPLETED

-Teaching Strategies GOLD Child Progress and Planning Report (signed and dated), Include Individual Goal Setting, Parent Input and Home Activities. •Update emergency cards. •Transition Information: Transition Binder/Folder/Handouts •Other:

IF NOT COMPLETED, WHY?

NOTES/PARENT INPUT:

HOME VISITOR SIGNATURE ______ PARENT SIGNATURE ______

HOME BASE **HOME VISIT/CONFERENCE FORM**

2nd CONFERENCE

DATE COMPLETED _____

•Teaching Strategies GOLD Child Progress and Planning Report (signed and dated), Include Individual Goal Setting, Parent Input and Home Activities. Update emergency cards.
Other: _______
Transition Information: Child's School District Information/Visitation

IF NOT COMPLETED, WHY?

NOTES/PARENT INPUT:

HOME VISITOR SIGNATURE ______PARENT SIGNATURE ______

3RD CONFERENCE

DATE COMPLETED

•Teaching Strategies GOLD Child Progress and Planning Report (signed and dated), Include Individual Goal Setting, Parent Input and Home Activities.

Update emergency cards.
Others present for Transition purposes:

•Other: _____

IF NOT COMPLETED, WHY?

NOTES/PARENT INPUT

HOME VISITOR SIGNATURE ______PARENT SIGNATURE _____