|  |  |
| --- | --- |
| Child’s Name:  Class Code: | Initial Home Visit |
| Parent Handbook: If the parent has not attended or is not going to attend orientation, you must go through the entire parent handbook prior to the child starting class.* Mandated reporter responsibility
* Required units/personal safety program (S.A.V.E.)
* Positive guidance policy/child safety response letter
* Play 2 Learn brochure
* Review portfolio checklist
* Communication folders/notebooks/book bag
* Extra clothes If needed
* Dress for play/weather
 |  |
|  |
|  |
|  |
|  |
|  |
|  |
| Parent orientation notification |  |
| Fact sheet: Must have before starting! (If already turned in verify the info.) |  |
| Review health history, and complete any needed ISP’s with FRW’s assistance as needed. |  |
| Ask about any health related changes and/or needed health records |  |
| Initial home visit form |  |
| Head Start/family participation agreement |  |
| Photo release |  |
| Parent input for child’s understanding & progress form |  |
| ASQ – complete form on visitASQ/SE –leave with family to complete and ask them to return ASAP.**Note: Give to FRWs to score and send to CDHTL** |  |
|  |
| In-Kind* Explanation
* Parent volunteers needed/volunteer options
* Fill out & sign
 |  |
|  |
|  |
|  |
| Services of other early childhood programming* Type:
* Teacher’s/caregiver’s name:
* Release of information if needed
 |  |
|  |
|  |
|  |
| Transportation* Verify transportation information (pick-up/drop-off)
* Pedestrian safety information
 |  |
|  |
|  |
| Input Into lesson planning form |  |

Comments:

|  |  |
| --- | --- |
| Child’s Name:  Class Code: | Fall Home Visit |
| Reminders:* Required units/Personal Safety Program (S.A.V.E.)
* Positive Guidance Policy/Child Safety Response Letter
* Communication Folders/Notebooks/Book Bag
* Extra Clothes If Needed
* Dress For Play/Weather
 |  |
|  |
|  |
|  |
|  |
|  |
| Family Conference Form: **(Remember to keep a copy of the conference report for program records)*** Concentration on goal-setting (reminder to discuss the transition into the program and begin conversation around the next transition)
* Share portfolio items while discussing baseline skills
 |  |
|  |
|  |
| If teachers have questions about the initial parent input for child’s understanding & progress form then review and discuss. |  |
| Review and have parent initial fact sheet (do a new one if there are lots of changes) |  |
| Review any release of information forms/complete needed R.O.I.’s |  |
| Review any health related changes and/or needed health records |  |
| In-Kind* Review explanation
* Parent volunteers needed/volunteer options
* Fill our & sign
 |  |
|  |
|  |
|  |
| Review services of other early childhood programming* Type:
* Teacher’s/caregiver’s name:
* Release of information if needed
 |  |
|  |
|  |
|  |
| Transportation* Verify transportation information (pick-up/drop-off)
* Pedestrian Safety Information
 |  |
|  |
|  |
| Review input into lesson planning form (give another copy if family hasn’t been turning them in) |  |

Comments:

|  |  |
| --- | --- |
| Child’s Name:  Class Code: | Winter Home Visit |
| Reminders:* Required units/personal safety program (S.A.V.E.)
* Positive guidance policy/child safety response letter
* Communication folders/notebooks/book bag
* Extra clothes If needed
* Dress for play/weather
 |  |
|  |
|  |
|  |
|  |
|  |
| Family conference form: **(Remember to keep a copy of the conference report for program records)** * Goal-setting/progress
* Transition Planning (continue conversation for next transition)
* Share portfolio items to support progress discussion
 |  |
|  |
|  |
|  |
| If any questions remain review the parent input for child’s understanding & progress form |  |
| Review and have parent initial fact sheet (do a new one if there are lots of changes) |  |
| Review any release of information forms/complete needed R.O.I.’s |  |
| Review any health related changes and/or needed health records |  |
| In-Kind* Review explanation
* Parent volunteers needed/volunteer options
* Complete
 |  |
|  |
|  |
|  |
| Review services of other early childhood programming* Type:
* Teacher’s/caregiver’s name:
* Release of information if needed
 |  |
|  |
|  |
|  |
| Transportation* Verify transportation information (pick-up/drop-off)
* Pedestrian safety information
 |  |
|  |
|  |
| Review input into lesson planning form (give another copy if family hasn’t been turning them in) |  |

Comments:

|  |  |
| --- | --- |
| Child’s name:  Class code: | Spring Home Visit |
| Family conference form: **(Remember to keep a copy of the conference report for program records)*** Goal-setting as related to transition planning
* Share portfolio to discuss progress & leave with family
 |  |
|  |
|  |
| Ask for any outstanding health records & complete any needed ROI’s |  |
| Remind family to schedule health appointments for next year as needed |  |
| Complete in-kind  |  |
| Explain and give transition folder |  |
| Collect second year application as appropriate |  |

Comments: