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| 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 |  |
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| 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 visit  ASQ/SE –leave with family to complete and ask them to return ASAP.  **Note: Give to FRWs to score and send to CDHTL** |  |
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| In-Kind   * Explanation * Parent volunteers needed/volunteer options * Fill out & sign |  |
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| Services of other early childhood programming   * Type: * Teacher’s/caregiver’s name: * Release of information if needed |  |
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| Transportation   * Verify transportation information (pick-up/drop-off) * Pedestrian safety information |  |
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| Input Into lesson planning form |  |

Comments:

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| 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 |  |
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| 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 |  |
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| 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 |  |
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| Review services of other early childhood programming   * Type: * Teacher’s/caregiver’s name: * Release of information if needed |  |
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| Transportation   * Verify transportation information (pick-up/drop-off) * Pedestrian Safety Information |  |
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| Review input into lesson planning form (give another copy if family hasn’t been turning them in) |  |

Comments:

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| 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 |  |
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| 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 |  |
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| 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 |  |
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| Review services of other early childhood programming   * Type: * Teacher’s/caregiver’s name: * Release of information if needed |  |
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| Transportation   * Verify transportation information (pick-up/drop-off) * Pedestrian safety information |  |
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| Review input into lesson planning form (give another copy if family hasn’t been turning them in) |  |

Comments:

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| --- | --- |
| 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 |  |
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| 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: