



Doña Ana County Head Start
Home Visit Form #2

Home
 Center
 Other _____

Date _____ Center _____ Location _____

Child's Name _____ Parent/Guardian's Name _____

Discussion of Child's Progress and Needs:

- Parent(s) observation of child's progress.
- Parent(s) observation of child's needs.
- (GOLD FCF) Teacher observations of child's strengths, interests, needs and progress (including English if applicable).
- Review and/or add/update goals to the Individual School Readiness Plan with parents.
- May take child's work samples to Home Visit.
- Invitation to observe child in the classroom.
- Invitation to attend parent activities.
- Home learning activity given to parent(s) addressing the child's need or area of enrichment: _____
- Parents evaluation, feelings of the curriculum (is it meeting the needs of their child).
- Child's behavior at home and school.
- DAP responses utilized in the Head Start classroom.

Home Visit Notes: _____

Addition(s) to child's Individual School Readiness Plan by parent: No ____ Yes ____

Date added to Plan _____

Follow-up needed: _____

Sent Redi-letter to: _____ Date _____

Teacher's Signature _____ Date _____ Date entered into ChildPlus _____

Translator needed and provided.
 I understand and agree with the content of this form _____ Date _____

Parent / Guardian Signature

Date

Necesito traductor y se le proporcionó.
 Yo entiendo y estoy de acuerdo con el contenido de esta forma _____ Fecha _____

Firma del Padre/Guardian

Fecha