

UMATILLA MORROW HEAD START INITIAL EDUCATION HOME VISIT FORM

Family Name _____ Visitor's Name: _____
 Nombre de la Familia _____ Nombre de la Visitante _____

Date: _____ Time: _____
 Fecha: _____ Hora: _____ Focus of Visit: _____

Agenda: Orden del Dia:	Materials: Materiales:	Comments: Comentarios:
<p>Enrollment: ___ Review any concerns noted by parent in recruitment notes ___ Update signatures for returners ___ Complete new ROI for returning children ___ Review/Update emergency contact information</p> <p>Education: ___ Complete ASQ ___ Complete ASQ-SE ___ Gather parent input on child's goals ___ Provide & discuss Ready, Set, Grow pamphlet ___ Pedestrian Safety ___ Discuss mealtime/nutrition/holiday/birthday policies ___ Share Parent Handbook ___ Discuss Attendance policy ___ Discuss parent involvement (volunteering, classes, P.C., etc.) ___ School Readiness Goals</p> <p>Health: ___ Discuss CIS form (immunizations), updates ___ Discuss any health concerns/medical protocols ___ Discuss Well Child, Nutrition, & Dental Exams ___ Discuss Health Insurance coverage ___ Discuss medical & dental home</p> <p>Family Development: ___ Introduce family partnership plan (FPP) ___ Share Parent calendar</p> <p>Other:</p>	<p>-Child's file</p> <p>-ASQ questionnaire -ASQSE questionnaire</p> <p>-Ready, Set, Grow pamphlet</p> <p>-Pedestrian Safety pamphlet</p> <p>-Parent Handbook</p> <p>-Goals</p> <p>-Child's file</p> <p>-Parent Calendar</p>	

General Program Information/Información del Programa en general:

Comments about the Home Visit (activities, successes, interests, etc.)/Comentas de la Visita en Casa (actividades, sucesos, intereses, etc.):

Parent's Signature/Firma del Padre: _____