

Home Visit Plan & Report

Child: _____ Parent _____

Address: _____

Teacher : _____ Home Visit # _____ Date: _____

Actions taken after previous visit

Activities or discussion planned for this visit

Materials needed

Concerns or comments of family

Follow-up needed

Activities family will try

Materials left with family

Materials Returned

Parent Signature:

Date:

Home Visit Plan & Report

Explanatory comments

Child: _____ Parent _____

Address: _____

Teacher: _____ Home Visit # _____ Date: _____

Actions taken after previous visit

Activities or discussion planned for this visit-**“What will I share with the family”**

Materials needed- **“What does the parent need to do the demonstrated activity later with their child? Is this something I can leave for return later or let the family keep?”**

Concerns or comments of family- **“What does the parent want to know from me. What other kinds of information can I help them access? This should be tailored to the family (vocational education, GED, SSI, Medicare, information on a disability)**

Follow-up needed **“What do I need to do this week to follow up on what the parent told me or to find information for which they asked?” “What do I need to differently for this child based on information the parent gave me?”**

Activities family will try **“Does parent(s) agree to try demonstrated activity at least once?”**

Materials left with family

Materials Returned

Parent Signature:

Date: