



FIRST HOME VISIT (EHS)



Child's Name: _____

Date of Birth: ____ / ____ / ____

Site: _____

Date: ____ / ____ / ____

Father/father figure participated? Yes No

1. Has your child had any previous experience in a childcare setting? If yes, please describe.

2. What are some of your family's favorite activities? What type of learning activities do you do at home?

3. Are there any special routines or methods used at home, which we should be aware of (toileting habits, utensils used, separation patterns, etc.)?

4. A positive connection between home and school benefits both children and families. Mark how the parent would like to provide support to our classroom or site.

<input type="checkbox"/> reading books to the children	<input type="checkbox"/> assisting with small group activities
<input type="checkbox"/> gardening activities	<input type="checkbox"/> attending parent engagement field activities
<input type="checkbox"/> cooking experiences	<input type="checkbox"/> attending parent meetings and special events
<input type="checkbox"/> prepare classroom materials	<input type="checkbox"/> other: _____

5. For families with a child over 24 months:
What questions or concerns do you have about your child transitioning to preschool?

6. For families with an IFSP:
What goals are you currently working on at home? How can we support these goals in the classroom?

7. Reviewed "Parent Pledge" with parent/guardian? Yes No

Print Parent/Guardian Name

Parent/Guardian Signature

Print Staff Name/Title

Staff Signature