



SECOND HOME VISIT (EHS)



Child's Name: _____

Date of Birth: ____ / ____ / ____

Site: _____

Date: ____ / ____ / ____

Father/father figure participated? Yes No

1. Have there been any major changes in your household or family since our first home visit?

2. Have you noticed any changes in your child since he/she started with the EHS program?

3. How have the Creative Curriculum Learning Games affected how you interact with your child?

4. Review current Learning Genie Child Report
 - Explain the different domains and measures within the DRDP assessment
 - Discuss what areas their child has strengths in and which ones he/she is currently working on

The following Creative Curriculum Learning Games have been selected to support your child's development:

Provided parent/guardian with the Learning Genie Child Report? Yes No

Reviewed/updated the second INHQ/TNHQ? Yes No

5. For families with a child over 24 months: Goals related to transition to preschool:

6. For families with an IFSP: Progress on IFSP goals:

7. Reviewed child's attendance history? (Refer to PROMIS Year to Date Absent Report) Yes No

8. Have you had the opportunity to volunteer in the classroom or at the site? Yes No
If yes, describe your experience. If not, give parent/guardian examples of ways to volunteer.

Print Parent/Guardian Name

Parent/Guardian Signature

Print Staff Name/Title

Staff Signature