



FIRST HOME VISIT (HS)



Child's Name: _____

Date of Birth: _____

Site: _____

Date: _____

Father/father figure participated Yes No

1. What would you like to share about your child and family? For example, specific cultural beliefs, traditions, holidays or expectations for education.
2. How do you approach daily routines? Are there any special routines or methods used at home, which we should be aware of (toileting, utensils used at mealtime, sleeping separation patterns, etc.)?
3. What do you consider unacceptable and/or inappropriate behavior in your home and how do you manage it?
4. What language did your child learn when he or she first began to talk (primary language)? *If the child's primary language is not English, complete questions 4a-4c in the box below.*

What, if any, other languages are spoken in the home (secondary language)? N/A

Complete for Dual Language Learners Only

4a. When you speak to your child, what language(s) do you most often use?

4b. When your child speaks to you, what language(s) do they most often use?

4c. When your child speaks to others, what language(s) do they most often use?

5. What are your child's favorite activities to do by themselves? With others?
6. Has your child previously attended preschool or some other childcare out of the home? Yes No

How does your child interact with:

- a small group of children? _____
- a large group of children? _____
- other adults? _____



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7. Child is transitioning to Transitional Kindergarten or Kindergarten: N/A
- 7a. Have you identified the school that your child is going to attend? Yes No
- If yes, which school? _____
 - Did you submit the application? Yes No If not, ask if they need any assistance with this.
 - If no, ask if they need assistance in determining school of residence and CHOICE application period, if applicable.

Reviewed the related activities from the TK/Kindergarten Transition Checklist

8. Does your child have a tendency to wander or walk away (without permission) from you while shopping or during other outings? Yes No

(Staff: If yes, please complete the Emergency Procedures for Children Who Wander and/or have Special Needs form and document in the Progress Notes.)

If yes, how do you handle these situations?

9. If your child has an Individualized Education Program (IEP), are there any additional ways that the Head Start program can provide support?

Copy of "Rights and Responsibilities" provided and reviewed. *Parent/Guardian Initial* _____

Copy of "IEP Basics" provided and reviewed. *Parent/Guardian Initial* _____

10. Has your child received/is scheduled to receive or currently receiving services from any other program?

Yes No

	Currently	Scheduled	Previously
<input type="checkbox"/> First Five	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> YMCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rady Children's Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family Health Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. A positive connection between home and school benefits both children and families. Mark how the family would like to provide support to his/her child's 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 Family 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: _____ |

12. Reviewed "Parent Pledge" with parent/guardian? Yes No
 Staff: Explain how committing to the pledge supports his/her child's school readiness goals.

 Print Parent/Guardian Name

 Parent/Guardian Signature

 Print Staff Name/Title

 Staff Signature