

NOTICE OF MISSED HOME VISIT

HT-2131

County: Defiance Fulton Henry Paulding Williams Child's Name: _____

Date of Missed Visit: _____ Week #: _____ Date Visit Rescheduled: _____ Date Visit Made Up: _____

Reason the Visit was Missed: Check all that apply:

Parent was not home: (circle all that apply) Waited 15 minutes Left message on the door Copy is in child's file

Parent cancelled the visit. State specific reason:

Staff cancelled the visit. State specific reason:

Other. State specific reason:

Make Up visit cancelled: State specific reason: Date of Missed Make Up Visit: _____ Date Make Up Rescheduled: _____

*PARENT'S SIGNATURE _____ DATE _____

Parent's signature must be obtained at the next Home Visit.

*By signing this form, I certify that the information is true and correct to the best of my knowledge.

*STAFF'S SIGNATURE _____ DATE _____

White - attach to white copy Lesson Plan Yellow - attach to yellow copy Lesson Plan Pink - to Central Office

REV 7/07 CCoy

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