

NOCAC HOME BASE LESSON PLAN

Child's Name: _____ Date: _____

Next Home Visit Date and Time:

Teacher/County: _____

Inkind Update: _____ Arrival Time: _____ Departure Time: _____

Upcoming Family Fun Meeting/Community Event/Socialization: _____

_____ Transportation needed? Y or N

Handouts Reviewed/Updates: _____

Family Services Discussed: _____

Health Services Discussed: _____

Resources Used to Plan: _____ Planning Guide _____ Other: _____

Follow Up Work/Materials Left: _____

IEP/CSP Goal Worked on: _____

***Star Activities from child's IEP/CSP. *Identify activities used to support ELL. *Circle the person leading each experience: Parent or HV.**

Goals to work on: 1. _____ 2. _____		Art Activity: (Visual, Musical, Dance, Drama) Parent/HV	Health/Nutrition or Dental: Parent/HV
Physical: Fine Motor- Parent/HV	Cognitive: (Science/Social Studies) Parent/HV	Safety: (Every Other HV) Parent/HV	
Gross Motor- Parent/HV		Food Experience (once a month): Date: _____ Parent/HV	
Math: Parent/HV	Language and Literacy: Parent/HV	Observations of the Child: _____ _____	
Social/Emotional: Parent/HV	Family Comments: _____ _____	Parent's Materials for the next visit: _____	Teacher's Materials for the next visit: _____

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

Guardian Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____