

EHS Home Visit Record

HT-2130

Home Visitor: _____

Date: _____

Week # _____

Child Plus

DRDP

Next HV:

Virtual YES NO

Prenatal Participant Visit

Yes

No

Child/Children First Name(s):

Last Name:

Parent/Guardian:

SCHEDULED HOME VISIT COMPLETION

Completed

___ Regular

___ Makeup

Arrival Time:

Departure Time:

Attempted

Cancelled

Reason:

TOPICS DISCUSSED

Handouts Reviewed/Updated:

InKinds:

Bag Tags:

Family Services/Family Needs Discussed:

Health Services/Insurance Discussed:

Physical Status:

Dental Status:

Vision Status:

Hearing Status:


Concerns:

OBSERVATIONS FOR SCHOOL READINESS GOALS

 Approaches to Learning-Self Regulation:

 Social & Emotional Development:

 Language & Literacy Development:

 Cognition, Including Math & Science:

 Physical Development-Health:

HOME VISIT SUMMARY

Child IFSP goal(s) addressed:

Family goals addressed:

1)

2)

GGK Activity Completed:

GGK Activity Next Visit:

GGK/GGF Module Completed:

GGK/GGF Module Next Visit:

Supplies Needed:

Family Comments:

Others involved in home visit (check all that apply)

Other Children

Mother

Father

Grandparent

NOCAC staff

Other

Notes:

Parent/Guardian Signature: _____

Date: _____

Home Visitor Signature: _____

Date: _____

White -HB Manager

Yellow-Child File

Pink-Parent