

# HS NOCAC Home Visit Record

HT-2130 B

Home Visitor: \_\_\_\_\_

Date: \_\_\_\_\_

Week #: \_\_\_\_\_

Child Plus

DRDP

Next HV:

VIRTUAL: 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 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: \_\_\_\_\_

 History-Social Science: \_\_\_\_\_

 Visual & Performing Arts: \_\_\_\_\_

### HOME VISIT SUMMARY

Child IEP goal(s) addressed:	Family goals addressed:
	1)
	2)

GGK/GGF Module Completed: \_\_\_\_\_ GGK Learning Pod Completed: \_\_\_\_\_

GGK/GGF Module Next Visit: \_\_\_\_\_ GGK Learning Pod 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