

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