

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