

Child's Name: _____

Home Visitor: _____

Date: _____

Parent: _____

Home Visitor: _____

I will:

I will:

Be home for each home visit: I will call/email the center to cancel if I can't do the home visit

Be on time for the home visit or let you know when I will not be on time

Phone #: _____ Email: _____

Avoid scheduling appointments during home visit times

Assist with materials and ideas and show you how to use what is in the home to teach your child

Make up any missed visit at the earliest possible time, within 2 weeks

Show you how to make learning games and activities for home use

Understand that the visit time is myself(parents), my child and Home Visitor

Leave and/or present materials on health, nutrition, community service and newsletters

Actively participate during the entire visit

Allow time for activities that your child chooses to do

Make sure my child is with me at all times. The Home Visitor will not be left alone with children.

Help you write goals for your child

Discourage phone calls or friends or relatives visiting during home visit time

Respect your family's confidentiality

Plan goals and activities for my child

Refer the parent to other resources when necessary to help meet their needs

Work on goals with my child every day

Help my child keep track of books and supplies needed for the home visit

Have my child ready(electronics off) and meals & /snack over with

Refrain from smoking during the home visit

Update your inkind weekly

Attend Socializations twice a month

Be flexible with home visit schedule changes

Date: _____

Date of review: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Home Visitor Signature: _____

Home Visitor Signature: _____