

Community Action of Southeast Iowa
Head Start

Second Home Visit Checklist/Transition Home Visit Checklist

Child's Name _____ Parent's Name _____

Family Members Present: _____

Home Visit Location

- _____ Client's Home
- _____ Visit Declined @ Home by Family
- Discussed with Supervisor on ___/___/___
- Alternative Location _____
- _____ No Show @ Home

Visit Time Frame

Start Time: _____
End Time: _____

Best way to communicate with family:

- _____ Telephone
- _____ Personal Contact
- _____ Notes
- _____ Other: _____

SECOND HOME VISIT CHECKLIST*

TRANSITION HOME VISIT CHECKLIST**

ASSESSMENT/ CURRICULUM:

- _____ Share observations about child's growth
- _____ Share samples of child's work
- _____ Share activities
- Promote growth and development
- Promote community activities/ library use
- Pass out Summer Activities Calendar

UPCOMING CLASSROOM INFORMATION

- _____ End of Year Celebration
- _____ Head Start Reapplication
- _____ DRDP Family Conference Form (*will be sent home*)

EHS TO HS/HS TO HS (CIRCLE ONE)

- _____ Classroom Schedule
- _____ Transportation (*if applicable*)
- _____ Review Parent Permission/Emergency Consent
- _____ Review Kindergarten Transition Release Form
- _____ Take digital picture of child/child and family
- _____ Health Concerns or additional information
- ___ Allergies
- ___ Toilet Training
- ___ Special needs and /or adaptations
- ___ Medications
- _____ Complete Classroom Transition Checklist

(EHS to HS/ HS to HS)

COMMENTS/ RESOURCES GIVEN/ REFERRALS MADE:

Staff Signature _____ Date ___/___/___ Participant Signature _____ Date ___/___/___

Copy to: _____ Child's file _____ Supervisor _____ 7/21

***Complete a new report for each visit.**

****For Transition Home Visits, file Transition Checklist and this form in Section 3 of child's file.**