



**Elkhart and St. Joseph Counties Head Start Consortium
Initial Home Visit Checklist - Teachers
2020-2021**

Child's Name: _____

Education Items
<input type="checkbox"/> Explain Head Start Mission and Goals ✓ Education and Child Development ✓ Kindergarten Readiness ✓ Holistic Approach ✓ Empowerment
<input type="checkbox"/> Explain Classroom and Teacher Expectations for Children ✓ Develop Positive and Trusting Relationships ✓ Supportive Educational and Social Needs ✓ Conscious Discipline ✓ HighScope (description from Parent Handbook) ✓ Newsletters ✓ Pick up/drop off procedures ✓ Attendance ✓ Parent involvement (P/T conferences, In-Kind)
<input type="checkbox"/> Explain Screening/Assessments ✓ Denver ✓ SAT Referral Process ✓ DECA ✓ COR
<input type="checkbox"/> Develop and Complete Child's Individual Plan ✓ Parental Involvement ✓ Strengths ✓ Measurable Goals and Activities
Address Questions/Concerns Parent/Guardian May Have
<input type="checkbox"/> Home Visit Verification ✓ Signed and Dated (below) ✓ Parent and Staff (below)

VERIFICATION OF VISIT/VERIFICACIÓN de VISITA EN CASA

This is to verify that _____ met with teacher for the purpose of a home visit.
(printed name of parent/guardian)

/Esto deberá verificar que encontró conmigo para el propósito de visita en casa.

Parent/Guardian Signature(s) _____
(Firma[s] de Padre/Guardián)

Date / Fecha

Staff Signature(s) _____
(Firma[s] de Personal)

Date / Fecha

Form of Communication, Note, Phone, in Person:

1st _____
Date

2nd _____
Date

3rd _____
Date

EHS Only Developmental Milestones First Steps Checklist
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- | |
|---|
| <p align="center">Items to take with you</p> <ul style="list-style-type: none"> Home Visit Checklist Parent Commitment Form Parent Receipt In-kind Individual Plan COS Form DECA Parent Assessment DENVER Parent Handbook and wristband Transportation Policies and Procedures Checklist Assurance Wireless Application Volunteer Guidelines and Expectations Criminal History <li align="center">DURING COVID-19 Only Vision Chart (HS Only) Virtual Schedule COVID-19 Questionnaire Family Guide to COR@Home ZOOM Instructions |
|---|