



Elkhart and St. Joseph Counties Head Start Consortium
Initial Home Visit Checklist - Teachers
2021-2022

Child's Name: _____

Education Items
<input type="checkbox"/> Explain Head Start Mission and Goals <input checked="" type="checkbox"/> Education and Child Development <input checked="" type="checkbox"/> Kindergarten Readiness <input checked="" type="checkbox"/> Holistic Approach <input checked="" type="checkbox"/> Empowerment
<input type="checkbox"/> Explain Classroom and Teacher Expectations for Children <input checked="" type="checkbox"/> Develop Positive and Trusting Relationships <input checked="" type="checkbox"/> Supportive Educational and Social Needs <input checked="" type="checkbox"/> Conscious Discipline <input checked="" type="checkbox"/> High Scope (description from Parent Handbook) <input checked="" type="checkbox"/> Newsletters <input checked="" type="checkbox"/> Pick up/drop off procedures <input checked="" type="checkbox"/> Attendance <input checked="" type="checkbox"/> Parent involvement (P/T conferences, In-Kind)
<input type="checkbox"/> Explain Screening/Assessments <input checked="" type="checkbox"/> Denver <input checked="" type="checkbox"/> SAT Referral Process <input checked="" type="checkbox"/> DECA <input checked="" type="checkbox"/> COR
<input type="checkbox"/> Develop and Complete Child's Individual Plan <input checked="" type="checkbox"/> Parental Involvement <input checked="" type="checkbox"/> Strengths <input checked="" type="checkbox"/> Measurable Goals and Activities
Address Questions/Concerns Parent/Guardian May Have
<input type="checkbox"/> Home Visit Verification <input checked="" type="checkbox"/> Signed and Dated (below) <input checked="" type="checkbox"/> 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 vista 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 COR Advantage Overview Kaymbu Overview Parent Commitment Form Parent Receipt In-kind Individual Plan COS Form DECA Parent Assessment DENVER Parent Handbook and wristband Transportation Policies and Procedures Checklist 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 |
|--|