



Elkhart and St. Joseph Counties Head Start Consortium
Final Home Visit Checklist - Teachers
2023-2024

Child's Name: _____

Education Items
<input type="checkbox"/> Review Transition <input checked="" type="checkbox"/> Family Goal Sheet / Individualization Plan <input checked="" type="checkbox"/> COR Report <input checked="" type="checkbox"/> Portfolio <input checked="" type="checkbox"/> Letter/Number ID

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 a teacher for the purpose of a home visit. /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

Items to take with you
Home Visit Checklist COR Report Portfolio Family Goal Sheet / Individualization Plan In-kind Individual Plan

EHS Only
Developmental Milestones

HS Only
Letter / Number ID