



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

**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 (Written Version) <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):**

1<sup>ST</sup>: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 2<sup>ND</sup>: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 3<sup>RD</sup>: \_\_\_\_\_  
 Date: \_\_\_\_\_

<b>EHS Only</b> Developmental Milestones
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- | Items to take with you                           |
|--|
| Home Visit Checklist                             |
| Kaymbu Overview: (1st HV)                        |
| Parent Commitment Form                           |
| Parent Receipt                                   |
| In-kind  |
| Individual Plan (Written Version)                |
| COS Form   |
| Cultural & Language Survey                       |
| DECA Parent Assessment                           |
| DENVER   |
| Parent Flip Chart                                |
| Wristband (1st HV)                               |
| Transportation Policies and Procedures Checklist |
| Volunteer Guidelines and Expectations            |
| COR Advantage Overview                           |