



Elkhart & St. Joseph Counties Head Start Consortium
Final Home Visit Checklist - Teachers
2024-2025

Child's Name: _____

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

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 a teacher for the purpose of a home visit. /Esto deberá verificar que encontré 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

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

EHS Only
Developmental Milestones

HS Only
Letter / Number ID