

Elkhart & St. Joseph Counties Head Start Consortium
Home Visit Individualization Plan
2024-2025

Home Visit 1/Visita de Casa 1 Home Visit 2 /Visita de Casa 2 Date/Fecha: _____ Classroom/ Salon de clases _____

Child's Name/Nombre del nino o nina: _____ Staff Member/Personal: _____

<p>Hopes and Dreams (from the family): Ezperanzas y Suenoe (De la familia)</p> <p>1.</p> <p>2.</p> <p>3.</p> <p style="text-align: center;">(HV1 – Create w/Family, HV2 – Reflect w/Family)</p>	<p>Goal (using ELOF/COR based on hopes & dreams): Meta (Usando ELOF/COR basado en Ezperanzas y suenos):</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Goal Status: <input type="checkbox"/> Met goal (add date) 1___ 2___ 3___ <input type="checkbox"/> Still Working (Transfer). 1___ 2___ 3___</p> <p style="text-align: center;">(HV1 – Create, HV2 – Reflect by looking at your documentation: COR report, Portfolio)</p>
<p>Transition Activity:</p> <p><input type="checkbox"/> EHS to Head Start/EHS para–Head Start</p> <p><input type="checkbox"/> to Kindergarten/Actividades de tarnsicion</p> <p><input type="checkbox"/> Between Classrooms/ Entre aulas</p>	<p>At Home Activities/Actividades en casa:</p> <p>At School Activities/Actividades en la escuela:</p>

Staff Signature/Firma del personal: _____ Date/Fecha: _____

Parent/Guardian Signature/Firma de Padre Gaurdian: _____ Date/Fecha: _____