



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

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):

1ST: _____
 Date: _____
 2ND: _____
 Date: _____
 3RD: _____
 Date: _____

EHS Only Developmental Milestones

- | 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 |
| Parent Flip Chart |
| Wristband (1st HV) |
| Transportation Policies and Procedures Checklist |
| Volunteer Guidelines and Expectations |
| COR Advantage Overview Discussion (1st HV) |
| Explain Assessment/Fair |