

MID YEAR HOME VISIT

**Education and Early Childhood Development Tracking Form
(Mid Year Home Visit to be completed in the month of January)**

Date: _____ **Child:** _____

Center: _____ **Staff present:** _____

Others present: _____

****Parent refused home visit. An alternate (circle one) center conference or phone conference was agreed upon. Parent signature needed here if home visit refused.**

The following topics are to be discussed during this visit. Please place your initial on the line provided by each topic as it is discussed.

___A. Using the *Change of Status Form*, update address, phone number, emergency drop-off information, etc., as needed.

___B. Review with the parent/guardian the midyear LAP D reports, *Report to Family of Child's Development* and the *LAP D Assessment Parent Report*. Give to parent/guardian.

___C. Review and leave with the parent/guardian the two handouts, *Curriculum Theme Topics, January-May*, and *Literacy Page*.

___D. Review home activity plan with parent and note progress. Make updated plan (include one literacy/one math activity.) _____

___E. Parent Input in the Curriculum: Things to discuss with parent/guardian:

1. What has your child indicated that he/she especially enjoys doing in the center? _____

2. Looking at the accomplishments your child has made, do you have any suggestions for additional center activities? _____

3. Review upcoming unit topics and ask if parent has any suggestions of related activities. _____

___F. For children requiring a mid-year DECA assessment, share information on the results. Give the appropriate parent letter about concerns.

Comments: _____

___G. Discuss current health services (treatment/follow-up) currently in progress. Note progress made or n/a, if no health follow-up currently needed. _____

___H. Interview parent/guardian about Head Start's nutrition services. Ask parent/guardian:

1. How do you feel about: the center's enus? _____

nutrition activities in the classroom? _____

2. Do you have any concerns about your child's diet or eating habits? _____

3. Would you like any information about any particular nutrition topic? (If yes, please specify.) _____

___I. For children receiving medication or fluoride while at the center, review the medication dosage and log with the parent. Note any parent comments: _____

___J. For children going to kindergarten this coming fall, give the parent a copy of the pamphlet *Getting Your Child Ready for School*. Go over each part of the pamphlet with the parent, emphasizing the importance of a smooth, easy transition.

___K. Other topics discussed: _____

Parent Signature _____

Please send the yellow copy to the Head Start office. (Do not fax!) Keep the original in the child's classroom file. REMEMBER TO ENTER THE DATE OF THE CONFERENCE ON THE TEACHER CHECKLIST.