

SECOND ENROLLMENT CONTACT TRACKING FORM

This form is to be used by the Teaching Staff when making the initial enrollment/educational home visit. This home visit should be made by a member of the teaching staff that is assigned to the child's classroom. _____ Check if unsure of child's classroom assignment at this time.

Review previous form (First Enrollment Contact) to check for items not covered.

Date _____ Child: _____ Center: _____

Person(s) Present: _____

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

- _____ 1. Review education program section in handbook
- _____ 2. Review LAP-D Assessment, curriculum section in handbook. Introduce Parent Input/Curriculum section in handbook.
- _____ 3. Review Transitional planning in handbook. Complete Kindergarten Transition form (if child goes to kindergarten next fall).
- _____ 4. Review Nutrition section in handbook with parent/guardian
- _____ 5. Review illness, communicable disease section of handbook.
- _____ 6. Review medication policy in handbook. Leave blank medication permission form with parent.
- _____ 7. Review Mental Health program section in handbook. DECA and Second Step.
- _____ 8. Complete DECA Parent Questionnaire (May complete form this visit or complete next visit after parent/guardian has had a chance to think about it).
- _____ 9. Review: Head Start: A Special Place for Special Children in handbook.
Emphasize importance of screening day attendance
- _____ 10. Explain and initial in the parent handbook the section about Head Start health screening (this section includes Brigance Development Screening Tool and Fluharty section). What to do if your child is referred for follow up evaluation, helpful hints to prepare your child for health screening.
- _____ 11. Explain and complete Emergency Information form. If enough contacts are not provided, ask parent/ guardian to find other contacts before next home visit. Please remember to list street addresses only—No P.O. Boxes on this form.
- _____ 12. Explain and have parent complete Health and Safety Checklist.
- _____ 13. Review bus rules/transportation safety/ length of bus route requirements in parent handbook. Stress to parents that children must be in an age appropriate car seat when being transported in vehicle.
- _____ 14. Observe child and parent together/ leave item or activity for child.
- _____ 15. Explain and leave calendar/date for parent use.
- _____ 16. Other topics discussed: _____

The above initialed topics were discussed with me by: _____

Date: _____ Parent/Guardian signature: _____

Date sent to HSO: _____ By: _____ Via fax or other (specify): _____

Remember to enter the date the contact was made and topics discussed on the appropriate checklist.