

### Head Start Home Visit Form

*Note: Complete this section for each child in the family eligible to receive direct services by Head Start.*

Child's Name: \_\_\_\_\_ Center: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Time Arrived/Left \_\_\_\_\_

Address of Visit: \_\_\_\_\_

Name(s) and Relationship to child of Parent(s)/Guardian(s) Present: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Staff Members Present/Positions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Use the space below for items to be discussed/home visit goals, discussion comments, feedback from parents, and any other observations or comments:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date- \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date- \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_