

FAMILY CONTACT & HOME VISIT REPORT

White-Child File Yellow-Parent Pink-Central File

Date:	Time:	Child:		Change in Family Demographics:
Location: <input type="checkbox"/> Home <input type="checkbox"/> Classroom <input type="checkbox"/> Other: _____		Parent/Guardian Present:	Parent/Guardian Present:	
		Staff Present:	Others Present: Name & Relationship:	
Check all that apply for this contact: <input type="checkbox"/> Initial Home Visit <input type="checkbox"/> Home Visit <input type="checkbox"/> Other Family Contact <input type="checkbox"/> Conference <input type="checkbox"/> <u>Child Health/Developmental Services</u> 1. Screening/Assessment 2. Health/Safety 3. Nutritional Needs 4. Oral/Dental Health <input type="checkbox"/> <u>Childhood Development</u> 1. Approaches to Learning 2. Social/Emotional 3. Intellectual 4. Language/Literacy 5. Creative 6. Physical 7. Mathematics 8. Science 9. Social Studies 10. Technology 11. Special Needs <input type="checkbox"/> <u>Child Mental Health</u> 12. Child's Interests/Strengths/Needs 13. Supportive Environment/Behavior <input type="checkbox"/> <u>Family Partnership</u> A. Emergency/Crisis Intervention B. Mental Health Support C. English Language Learners D. Adult Education E. Employment F. Substance Abuse G. Child Abuse & Neglect H. Domestic Violence I. Child Support Assistance J. Health Education K. Parenting Education L. Child Development <input type="checkbox"/> <u>Community Partnership</u> 14. Referral 15. Transition		Planned Activities:		
		Information/Materials Provided/Discussed:		
		Summary:		
		Referral/Follow-up:		
		Child Development Goal -- Home Strategy:		
		<input type="checkbox"/> New <input type="checkbox"/> In Progress <input type="checkbox"/> Complete <input type="checkbox"/> Not Accomplished		
Next Visit Date:				
Plan:				
Parent Comments/Needs:				