

# FAMILY CONTACT & HOME VISIT REPORT

White-Child File  
  Yellow- Parent  
  Pink- Central File

Date:	Time:	Child's Name	Parent/Guardian(s) Present	Staff Present	Others Present; Name/Relationship
Location:		Change in Family Demographics			
<ul style="list-style-type: none"> <li>• Home</li> <li>• Classroom</li> <li>• Other</li> </ul>					

Indicate all that apply for this contact <input type="checkbox"/> Initial Home Visit <input type="checkbox"/> Subsequent Home <input type="checkbox"/> Conference <input type="checkbox"/> Other Family Contact	Planned Activities
<input type="checkbox"/> <u>Child Health/Developmental Services</u> <ul style="list-style-type: none"> <li>• Screening/Assessment</li> <li>• Health/Safety</li> <li>• Nutritional Needs</li> <li>• Oral/Dental Health</li> </ul> <input type="checkbox"/> <u>Childhood Development</u> <ul style="list-style-type: none"> <li>• Approaches to Learning</li> <li>• Social/Emotional</li> <li>• Intellectual</li> <li>• Language/Literacy</li> <li>• Creative</li> <li>• Physical</li> <li>• Mathematics</li> <li>• Science</li> <li>• Social Studies</li> <li>• Technology</li> <li>• Special Needs</li> </ul> <input type="checkbox"/> <u>Child Mental Health</u> <ul style="list-style-type: none"> <li>• Child's Interests/Strengths/Needs</li> <li>• Supportive Environment/Behavior</li> </ul> <input type="checkbox"/> <u>Family Partnership</u> <ul style="list-style-type: none"> <li>• Emergency/Crisis Intervention</li> <li>• Mental Health Support</li> <li>• English Language Learners</li> <li>• Employment</li> <li>• Substance Abuse</li> <li>• Child Abuse &amp; Neglect</li> <li>• Domestic Violence</li> <li>• Child Support Assistance</li> <li>• Health Education</li> <li>• Parenting Education</li> <li>• Child Development</li> </ul> <input type="checkbox"/> <u>Community Partnership</u> <ul style="list-style-type: none"> <li>• Referral</li> <li>• Transition</li> </ul>	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 Comment/Needs