

1ST HOME VISIT CHECKLIST 0-3



Child's Name: _____
Date: _____
Met with: _____
Relationship to child: _____

Discussion Items:

- ___ Overview of Teaching Strategies GOLD (New families receive Teaching Strategies booklet)
- ___ Overview of Conscious Discipline
- ___ Complete Parent's Contribution to the Curriculum Form
- ___ Discuss School Readiness Goals
- ___ Field Trip and Classroom Volunteers
—we would love to have you come! 😊
- ___ Explanation of Individual Child Report
- ___ Share "Achievement Gap" booklet
- ___ Explanation of portfolios/work samples/Journals
- ___ IMIL (I Am Moving, I Am Learning) Connections & Learning Connections Getting Started

Discussion of Completed screenings – if applicable at this time

- ___ Brigance/ASQ Results
- ___ Truman Speech/Hearing Clinic Results (If applicable)
- ___ Vision Screening
- ___ Follow-up Discussion of Rescreens/Referrals/ IFSP Information

Ask: Any comments or concerns? (Note below)

Teacher comments:

Parent comments or concerns:

Check: ___ Are extra clothes needed? Or seasonally appropriate clothing needed?

Teacher Signature

Parent/Guardian Signature