

2ND HOME VISIT CHECKLIST 3-5



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

Discuss:

- _____ Family Conference Form
- _____ Individual Child Profile (checkpoints– spring) (Discuss school readiness goals)
- _____ Journals/Portfolios
- _____ Rescreen information (if applicable)

Discussion of completed screenings– if applicable at this time :

- _____ Brigance/Dial 3/ASQ results
- _____ Truman Speech/Hearing Clinic Results
- _____ Vision Screening
- _____ Follow up Discussion of Rescreens/Referrals/IEP information

Handouts:

- _____ Summer Fun (if applicable)

Sign:

- _____ In-kind

Ask:

- _____ Any concerns or questions? (Note below)

Teacher concerns:

Parent concerns:

Check:

- _____ Are extra clothes needed? Do they need to be switched for warmer weather?

Teacher signature _____

Parent signature _____