



Head Start

New Haven Public

Schools

**Home Visit 1
2020-2021**

Child's Legal Name: _____

Parent's Name: _____

Staff: (1) _____ (2) _____

Date: _____ Time: _____

1. How has your child's abilities improved in these areas:

a. motor:

b. social:

c. cognitive:

d. communication:

2. What do you expect your child to learn in the next year?

a. motor:

b. social:

c. cognitive:

d. communication:

3. Do you have any concerns about your child's development?

4. What kinds of activities, games, and toys does your child enjoy?

5. Has your child attended any other preschool program?

Where? _____

When? _____

6. What language does your child speak with you? _____

Siblings? _____ other relatives? _____

7. How can you volunteer in your child's classroom?

8. Staff will explain Creative Curriculum, ESI and TABS.

9. Is there anything else we should know about your child?

10. How do you deal with your child when he/she is having a difficult time?

11. Are there any special cultural activities, holidays or celebrations your family participates in?

12. Are there any skills, materials, or interests that relate to your culture that you would be willing to share with us?

I have participated in the home visit with education staff from the New Haven Public Schools Head Start Program and have discussed all topics noted with my child's teacher. The teacher has explained the **E**arly **S**creening **I**nstrument, **T**emperament **A**typical **B**ehavior **S**cale and the **C**reative **C**urriculum.

Parent signature

Date

Staff Signature

Date