



Head Start

New Haven Public

Schools

**Home Visit 2
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. Review the Progress & Planning Report.

3. What ideas do you have to improve the program?

4. Would you recommend this program?

Suggestions for summer vacation activities are shared.

Parent signature

Teacher Signature

Date