

School: _____ Teacher: _____

Child's Name: _____ Address: _____

Parent/Guardian's Name: _____ Phone Number: _____

Box 1: Initial Home Visit (60 minutes)	
Date:	Location:
Start Time:	End Time:
Parent/Guardian(s) Present:	All Staff Present:
Others Present:	Activities Planned:
Child's Strengths:	Child's Needs:
Goal(s):	Parent Comments/Needs:
Information Discussed:	Follow-up (if applicable):
Parent/Guardian Signature:	Staff Signature:

Box 2: Home Visit (60 minutes) _____ Conference (45 Minutes) _____	
Date:	Location:
Start Time:	End Time:
Parent/Guardian(s) Present:	All Staff Present:
Others Present:	Activities Planned:
Child's Strengths:	Child's Needs:
Status of Previous Goal(s)/Updated Goal(s):	Parent Comments/Needs:
Information Discussed:	Follow-up (if applicable):
Parent/Guardian Signature:	Staff Signature:

School: _____ Teacher: _____

Child's Name: _____ Address: _____

Parent/Guardian's Name: _____ Phone Number: _____

Box 3: Home Visit (60 minutes) _____ Conference (45 Minutes) _____	
Date:	Location:
Start Time:	End Time:
Parent/Guardian(s) Present:	All Staff Present:
Others Present:	Activities Planned:
Child's Strengths:	Child's Needs:
Status of Previous Goal(s)/Updated Goal(s):	Parent Comments/Needs:
Information Discussed:	Follow-up (if applicable):
Parent/Guardian Signature:	Staff Signature:

Box 4: Home Visit (60 minutes) _____ Conference (45 Minutes) _____	
Date:	Location:
Start Time:	End Time:
Parent/Guardian(s) Present:	All Staff Present:
Others Present:	Activities Planned:
Child's Strengths:	Child's Needs:
Status of Previous Goal(s)/Updated Goal(s):	Parent Comments/Needs:
Information Discussed:	Follow-up (if applicable):
Parent/Guardian Signature:	Staff Signature: