

Early Head Start

### Home Visit Summary

<b>Date:</b>	<b>Child's Name:</b>	<b>Parent(s) Name(s):</b>	<b>Child's age:</b>
<b>GOLD Objective with HELP Strands Assessment:</b> <input type="checkbox"/> Social-Emotional (1-3) <input type="checkbox"/> Physical (4-7) <input type="checkbox"/> Language (8-10) <input type="checkbox"/> Cognitive (11-14) <input type="checkbox"/> Literacy (15-19) <input type="checkbox"/> Mathematics (20-23) <input type="checkbox"/> Science and Tech (24-28) <input type="checkbox"/> Social Studies (29-32) <input type="checkbox"/> The Arts (33-36) <input type="checkbox"/> English Language Acquisition (37-38)	<b>Service Areas Discussed:</b> <input type="checkbox"/> Child Development <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Mental Health <input type="checkbox"/> Disability <input type="checkbox"/> Nutrition <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Other _____ Referral(s) _____ <b>Comments:</b>		
	<b>Information/Resources Provided:</b>		
	<b>Action toward FPA:</b>		
	<b>Parent Comments or Needs:</b>		
	<b>Development Activities &amp; Materials:</b>		
<b>Targeted School Readiness Goals:</b> ■ Receptive/Expressive Language ■ Understanding of numbers, counting, spatial relationships, and patterns	<b>Observations:</b>		
<b>What has the last week been like for the parent/caregiver? Anything new with the child and/or family?</b>	<b>Strengths/Summary: What went well today? What did we discover or learn?</b>		
	<b>Joint plan for next home visit:</b>		
	Parent signature:	FA signature:	Additional staff:    Next: