



CEO Early Head Start/Head Start
Initial Home Visit Documentation

Meeting Information

Child's Name: Sara B Date/Time: 9/20/25 @ 2:30 pm Location: Child's home
Conference Participants: Ms. Christina, Ms. Nora and Samantha

All About My Child

In 3-5 words, describe your child:

loving, friendly and independent.

What are your child's favorite things (activities, toys, books, friends):

painting/coloring and baby dolls

Mealtime/feeding routine: eats breakfast when she wakes up and dinner around 5:30 pm. Eats meals at table

Nap/ Bedtime routine:

Book, bath, brush teeth then bed

No naps at home.

Diapering/toileting routine:

potty trained - may need reminders

Do you have any concerns about your child's development or behavior? Have they ever received services?

Speech - but has not ~~done~~ talk to Dr. yet.

How do you comfort your child when they are upset?

give her hugs

All About Our Family

What other adults and children live in your household?

Dad and brother

What activities do you enjoy doing as a family?

vacations, playing outside, walks

Are you interested in volunteering in the classroom, what would you like to do? yes, would like to help with an activity.

Available anytime during program

What specific holidays/cultural traditions do you celebrate? Christmas, Thanksgiving, Easter, Halloween, Birthdays

What is the primary language spoken at home?

English

What languages can your child speak and understand?

English

Other Items to Share

- ☒ Curriculum
- ☒ Classroom Routine
- ☒ Screenings (DECA, ASQ)
- ☒ Learning Genie/Parent Square

- ☒ Parent Engagement/Events
- ☒ School Readiness

- ☒ Attendance
- ☒ Parent Teacher Conferences
- ☒ Dual Language Learner N/A

Signatures

Samantha 9/20/25
Parent/Guardian Signature and Date

Christina 9/20/25
Teacher Signature and Date

Documentation of Scheduling Attempts

Date Scheduled: _____ Cancelled by: _____ Reason Cancelled: _____

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Education Team Use ONLY

If there are extenuating circumstances and you are unable to complete the visit in the home, ed team approval is required in advance.

Ed team initials: _____ Date: _____ Reason: _____