

REMOTE CONTACT REPORT

Remote Visit # _____ Begin Time _____ End Time _____ Class _____ Week Number _____

Teacher _____ Parent _____

Child's name: _____

Reason for Missed Visit: _____

Rapport Building and Greeting

Weekly Home Goal from Last Remote Visit _____ () Achieved () Developing

New Weekly Home Goal: _____

Activities Between Parent and Child List materials and activities used such as Book Titles/Teaching Guides/Intentional Teaching Cards/Mighty Mins./ Book Conversation Cards/Highlights Hello/etc.	Individual Objectives Objectives are written in these developmental areas each week. **Activities planned for Individualization need to be marked with a *	Observations of Child Development This documentation verifies child's school readiness outcomes and ongoing assessment.
	Approaches to Learning/Cognitive	Date: _____
	Social/Emotional Development	Date: _____
	Language/Literacy Development	Date: _____
	Perceptual/Motor/Physical Development	Date: _____
	Special Activities (fire safety, tornado safety, pedestrian safety, dental, nutrition or other)	Date: _____

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Child's Name _____

Discussion of Parenting Topics

PARENT ENGAGEMENT:

() Discuss next remote visit. Teacher plans to do the following: _____

Parent ideas or suggestions: _____

() Encourage attendance of Remote Visits - Next Remote Visit: _____

() Discuss Family Literacy () Discuss Ready Rosie Usage () Discuss Vroom App Usage

EDUCATION

() Assessment collection this week discussed/collected _____ Collection next week discussed _____

() Review Inkind Times (Inkind with Weekly Goal Chart)

() Review and Update Assessment Checklist. Select new weekly goal.

() Transitions (Kindergarten or HS) _____

DISABILITY SERVICES

() Child has IEP/IFSP or is in the Referral Process. Document parent and provider contact on the Disabilities/Mental Health Progress Report.

() Child has PBS plan or is in the Referral Process. Document parent contact/ Check in to see how things are going

() Discuss any changes in the home (members, situations, phone numbers, address, etc.) _____

Summary/Closing

PARENT COMMENTS: _____

Teacher Signature

*Remote-COVID-19
Parent/Guardian Signature

Date

Weekly: Forward original to Site Supervisor when complete and keep a copy in the child's Education File. Site Supervisor will check for completeness, initial and send to CO.
End of Year: Shred all copies in Education File