



Home Based Home Visit Report (HVR)

Child's Name: _____ Date of visit: _____ Visit # _____

Teacher: _____ Area: _____ Time Started: _____ Time Ended: _____

Age of child in months _____ Visit Location: Home Center Community site Virtual

Present: Mother Father Grandmother Grandfather Other: _____

Engagement question: What's it been like for you since we last met? _____

Inkind form returned documenting time spent working on weekly goal Yes No

Weekly goal from last home visit _____ achieved developing

LESSON PLANS List materials and activities used such as book titles/video segments/games/puzzles/etc. Include items from the home and home-made materials. <input type="checkbox"/> washed hands <input type="checkbox"/> snack <input type="checkbox"/> brushed teeth <input type="checkbox"/> yoga <input type="checkbox"/> baby doll circle time	INDIVIDUAL OBJECTIVES –all 5 domains must be presented monthly <input type="checkbox"/> Approaches to Learning <input type="checkbox"/> Social-Emotional Development <input type="checkbox"/> Language and Literacy <input type="checkbox"/> Cognition <input type="checkbox"/> Perceptual, Motor and Physical Development	OBSERVATIONS BY TEACHER OF CHILD DEVELOPMENT AND PARENTING BEHAVIORS <input type="checkbox"/> Nurturing <input type="checkbox"/> Designing/guiding <input type="checkbox"/> Responding <input type="checkbox"/> Communicating <input type="checkbox"/> Support learning <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> “Angel moment” </div>
PAT visit plan or Parent/child activity 	Domain area _____ TS GOLD dimension(s) _____ 	
	Domain area _____ TS GOLD dimension(s) _____ 	

Child's name _____ Parent's Name _____

FAN: Have we gotten to what you most wanted to talk about? _____

PARENT ENGAGEMENT:

Jointly planned activities/goals for next home visit: _____

Child's new weekly goal: _____

Date and topic of next parent engagement activity: _____

EDUCATION

Discuss and share results of screening or assessment _____

Special needs concerns discussed: _____

Name of child development handout given _____

Transition Activity completed _____

HEALTH/DEVELOPMENT CENTERED PARENTING TOPICS

Discuss **ALL** unmet or upcoming health needs with parent. Prep activities **Document weekly on Health Progress Sheet.**

Developmental topics covered: mental health safety sleep discipline nutrition attachment transitions/routines concerns/discussions:
Drop of Information _____

Handout given: _____

FAMILY WELL-BEING/ SOCIAL SERVICES

Attendance discussed and make-up visits planned if needed _____

Social service concerns/discussions: _____

Family strengths and protective factors focused on this visit (check all that apply)

Parental resilience (coping skills, confidence, character, control, contribution, competence) Social connections Concrete support in times of need

Knowledge of parenting and child development Social and emotional competence of children

Handout given: _____

What would you like to remember from our visit today?

Give me three words to describe your child: _____

EHS HB ED 5/22

Place original in child's working file