

PARENT - HOME BASED TEACHER AGREEMENT Prenatal

Expectant Mother's Name: _____

Teacher's Name _____ Area _____

PARENT COMMITS TO SUPPORTING CHILD'S DEVELOPMENT BY.....

_____ Completing and returning my weekly goal charts (homework)

_____ Keep my home visits to ensure good attendance

_____ Get the required health and dental screenings/treatment done for my prenatal care

PARENT AGREES TO...

_____ Being home for each visit or calling/texting my Home Visitor at:

_____ or _____
Teacher's cell phone number Teacher's office number

_____ Be ready for the visit and work with the teacher on planned topics.

_____ Limit the use of my cell phone, TV or other electronic devices during visits.

_____ Allow the teacher's supervisor to observe a visit at my home. If I have concerns I can reach my teacher's supervisor at 217-773-1013 or myyoung@pactheadstart.com.

_____ If my personal contact information changes, I will notify the teacher or Central Office.

TEACHER AGREES TO.....

_____ Be on time for the Home Visit, or let you know that I won't be.

_____ Show you how to use materials & activities in the home to expand home visit plans.

_____ Explain why each activity is useful for you as an expectant mother.

_____ Be confidential with the information you share with me.

_____ Use your ideas and the Parents as Teachers and Partners For A Healthy Baby curriculum in planning for your family.

_____ Talk to you about your baby's development.

_____ Help you get other requested services or information.

_____ Not use my cell phone during the Home Visit except for agency business.

GROUP SOCIALIZATION ACTIVITIES AND OTHER SERVICES

Socializations are an important part of our Home Based services. Attending socialization will enhance your experience with Early Head Start. We hope you take the opportunity to meet and talk with other parents in your area.

PARENT AGREES TO...

_____ Attend Socializations twice a month. If unable to attend in person, would you be interested in joining virtually? YES NO (circle one)

Email address: _____

_____ Communicate with my HB Teacher any struggles or needs I have for making, keeping and getting needed appointments.

_____ Not send or bring any food, drinks or candy to socializations. Formula or baby food is allowed.

_____ Not bring or send any medication to socialization with my child. If I have medication, I will leave it in my car or ask the teacher where it can be safely stored out of children’s reach.

TEACHER AGREES TO...

_____ Plan activities using your ideas and the Parents as Teachers curriculum for socialization.

_____ Plan and present activities for parents which meet their needs.

_____ Assist your family with any struggles or needs for making and keeping appointments for health screenings.

_____ Assist you to attend socializations twice a month, including offering transportation.

Parent
Signatures _____ / _____

Teacher Signature _____ Date _____

Parent copy is in Parent Handbook
Place original in mother’s education file at office site