

## PARENT - HOME BASED TEACHER AGREEMENT HB EHS

Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_

Parent's Name \_\_\_\_\_ Area \_\_\_\_\_

### PARENT COMMITS TO SUPPORTING CHILD'S LEARNING BY.....

- \_\_\_\_\_ Completing and returning my child's weekly goal charts (homework)
- \_\_\_\_\_ Ensuring my child has good attendance
- \_\_\_\_\_ Reading to my child daily
- \_\_\_\_\_ Get the required health and dental screenings done for my child
- \_\_\_\_\_ Follow up on medical and dental treatment if my child needs any.

### PARENT AGREES TO...

- \_\_\_\_\_ Being home for each visit or calling/texting my child's teacher at:  
\_\_\_\_\_ or \_\_\_\_\_  
Teacher's cell phone number Teacher's office number
- \_\_\_\_\_ Be ready for the visit and work with the teacher and my child during the home visit.
- \_\_\_\_\_ 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 work with your child.
- \_\_\_\_\_ Be confidential with the information you share with me.
- \_\_\_\_\_ Use your ideas and the Parents as Teachers curriculum in planning for your family.
- \_\_\_\_\_ Share your child's developmental progress.
- \_\_\_\_\_ 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 child’s school readiness goals. We hope you take the opportunity to meet and talk with other parents in your area. Your child will have a new environment to build their social, cognitive, language, and motor skills.

**PARENT AGREES TO...**

\_\_\_\_ Accompany my child to Socializations twice a month. If unable to attend in person, would you be interested in joining virtually? YES NO (circle one)

**Email address:** \_\_\_\_\_

\_\_\_\_ Work with PACT staff to arrange, keep and accompany my child to appointments needed for required health screenings. I understand that my child cannot attend socializations if he/she does not have up-to-date physical/WBC, Lead, TB, and Immunizations.

\_\_\_\_ 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.

\_\_\_\_ Offer virtual socializations once a month via Facebook or TEAMS.

\_\_\_\_ Plan activities that support you and & your child engaging in face to face contact.

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

\_\_\_\_ Assist you and your child to attend socializations twice a month, including offering transportation.

Parent Signatures \_\_\_\_\_ / \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent copy is in Parent Handbook

Place original in child’s education file at office site