

**PRENATAL HOME VISIT REPORT (HVR)**

Visit # \_\_\_\_\_ Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_ Area \_\_\_\_\_ Teacher \_\_\_\_\_

Family's Name \_\_\_\_\_ Level of service:  weekly  biweekly  monthly

Date of visit: \_\_\_\_\_ Present at visit:  Mother  Father  Grandfather  Grandmother  Other

Weeks/months of pregnancy (circle one) 1<sup>st</sup> trimester 2<sup>nd</sup> trimester 3<sup>rd</sup> trimester post-delivery Next visit date: \_\_\_\_\_

Weekly Goal from last home visit \_\_\_\_\_ ( ) Achieved ( ) Developing

Weekly Goal chart/Inkind with time documented on it for goal was returned to HBT  Yes  No

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

<b>LESSON PLANS</b> List materials and activities used such as book titles/video segments.	<b>INDIVIDUAL OBJECTIVES</b> Document PAT or Partners for a Healthy Baby curriculum	<b>Strengths- based OBSERVATIONS BY TEACHER</b>
	<b>Developmental topics:</b> <input type="checkbox"/> mental health <input type="checkbox"/> safety  <input type="checkbox"/> sleep <input type="checkbox"/> nutrition <input type="checkbox"/> attachment  <input type="checkbox"/> healthy births <input type="checkbox"/> transitions/routines Key messages and looking ahead:	
	<b>Family Strengths and Protective Factors focused on this visit:</b> <input type="checkbox"/> parental resilience <input type="checkbox"/> social connections <input type="checkbox"/> concrete resources <input type="checkbox"/> knowledge of child development and parenting	
	<b>Family Well-being Topics discussed:</b>	
	<b>Special Topics:</b>	

Family Name: \_\_\_\_\_

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

**PARENT ENGAGEMENT:**

Jointly planned activities and topics for next home visit: \_\_\_\_\_

new weekly goal chart: \_\_\_\_\_

Date and topic of next Parent Engagement activity: \_\_\_\_\_

**EDUCATION**

Review Inkind times. Check for parent signature, mail original to CO as verification of completed visit.

Handouts given: \_\_\_\_\_

**HEALTH**

Document visits made to health care provider and education weekly on Prenatal Health and Education Assessment

Discuss ALL unmet or upcoming health or dental needs with parent. Document on Health Progress Sheet.

Handouts given: \_\_\_\_\_

**SOCIAL SERVICES**

**Attendance %** \_\_\_\_\_

Family Action plan/attendance success plan goals were reviewed and documented  NA

Social service concerns/discussions: \_\_\_\_\_

Handouts given: \_\_\_\_\_

What would you like to remember from our visit today? \_\_\_\_\_

Give me three words to describe how you feel about your pregnancy \_\_\_\_\_

Notes:

Place original in Pregnant mom's file