

EARLY HEAD START FAMILY HOME VISIT PLAN

PARENT _____ CHILD _____

HOME VISITOR _____ SOCIAL DATE & TIME _____

INFORMATION/OBSERVATIONS/COMMENTS SHARED:

		Date/Time
Week 1 _____	Materials Left _____	
_____	_____	
Week 2 _____	Materials Left _____	
_____	_____	
Week 3 _____	Materials Left _____	
_____	_____	
Week 4 _____	Materials Left _____	
_____	_____	

INDIVIDUALIZED CHILD GOALS & ACTIVITIES

Goal(s)	Child Activities/Strategies	Parent/Home Activities/Strategies	Mastery Date
Cognitive			
Social/Emotional			
Physical/Motor			
Language			

Parent/Guardian Signature _____ Date _____ Time _____

Distribution: White Copy – Home Visitor Yellow Copy – Family Pink – Family at Signing