# FIRST HOME VISIT FORM (Center)

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Address:</th>
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<tbody>
<tr>
<td>Location:</td>
<td></td>
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<tr>
<td>Parent(s) Name:</td>
<td>Phone Number(s):</td>
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Please answer ALL of the following questions. THANK YOU

1) Does your child deal with separation… _____ Easily _____ Somewhat _____ Not at all.

2) Does your child express concerns/fears that we should be aware of? 
   No ____ Yes ____
   If yes, of what? ____________________________________________________________

3) If the child’s parents are separated or divorced do they share dual custody of the child? No ____ Yes ____

4) Does your child accept discipline/correction easily? 
   No ____ Yes ____
   What type of behavior control is used in your home? (Explain TIME OUT) ____________________________________________________________

5) What are your child’s favorite activities? ____________________________________________________________

6) What does your child enjoy doing most with parent? ____________________________________________________________

7) Please circle items below that describe your child…
   - Happy
   - Aggressive
   - Friendly
   - Moody
   - Clumsy
   - Independent
   - Good-natured
   - Stubborn
   - Impulsive
   - Fearful
   - Quiet
   - Sleepy
   - Even-tempered
   - Sympathetic
   - Attentive
   - Shy
   - Other _________________________

8) Parent Education is an important part of the Head Start program. In order to provide information that will benefit you, please check the topics that are of interest to you.
   - Nutrition
   - Child behavior/discipline
   - Child/spouse abuse
   - First Aid
   - Career development skills
   - Poison & safety
   - TV viewing
   - Being a single parent
   - Family budgeting
   - Self-esteem
   - Working with a child with disabilities
   - Community Resources
   - Other (Explain) ____________________________________________________________

9) Would you be willing to share information with other parents on a topic with which you are comfortable? 
   No ____ Yes ____
   What topics could you share? ____________________________________________________________
10) Do you have any concerns about any aspect of your child’s development?  
   No ____ Yes ____  
   Please explain. ________________________________________________________
   ____________________________________________________________________

11) Has your child had an immunization since enrollment?  
   No ____ Yes ____  
   If so, fill in (the date of the immunization) (the type of immunization) (the facility where it was given)
   ____________________________________________________________________

12) Has your child had any changes in his/her health status?  
   No ____ Yes ____  
   Explain ____________________________________________________________
   ____________________________________________________________________

13) Does your child have a family doctor or medical clinic for medical care?  
   No ____ Yes ____

14) Does your child have a family dentist or dental clinic for dental care?  
   No ____ Yes ____

15) How do you hope your child will benefit in the Head Start program?  
   _________________________________________________________________
   __________________________________________________________________

16) What are your educational goals for your child while enrolled in Head Start? (Discuss Developmentally Appropriate Practices)  
   _________________________________________________________________
   __________________________________________________________________

17) Discuss and share information concerning the following (check off as each is discussed):
   _____ Creative Curriculum    _____ Healthful Hints
   _____ Individualization      _____ Parents’ Pages
   _____ Denver               _____ GED/Literacy
   _____ (LAP) Learning Accomplishment Profile  _____ Transportation/Pedestrian Safety
   _____ Nutrition/Menus       _____ Dental Handouts
   _____ Transition          _____ Disabilities Handouts
   _____ In-kind             _____ Mental Health Handouts
   _____ No Tobacco Policy    _____ Parent Handbook  (Policies: Attendance___,
                                Discipline ___, Medication___, Illness___, Head Lice___)

PLEASE READ TO PARENTS

Head Start employees who have reasonable cause to suspect that a child has been or may be subjected to abuse or neglect are mandated to immediately report or cause a report to be made to the Family Support Division and Children’s Division.

Parent/Guardian Signature ______________________________________ Date ________ Staff Signature

List other comments, questions, or concerns: