

HOME VISIT SUMMARY (8/1/08)

Name of Staff Completing Visit:	
Date of Home Visit:	Start Time: End Time:
Parent/Child Activities:	Parent Education:
Resources/Agency Referrals:	Health/Nutrition Education and Follow-Up:
Parent/Child Observations:	FPA/Child Goals (IFSP) Follow-up:
Other (Include any Family Crisis/Concerns, Issues/Parent Volunteering):	
Medical/Dental Appointment Dates/Concerns:	
Obtained ROI:	

IMMUNIZATIONS: date received or scheduled OR reminder made			
DTP1	DTP2	DTP3	DTP4
HIB1	HIB2	HIB3	HIB4
Hep B1	Hep B2	Hep B3	
MMR 1			
POLIO 1	POLIO 2	POLIO 3	POLIO 4
VARICELLA 1			
HEP A 1	HEP A 2		

NEW DEVELOPMENTS: (Parent Input into Next Home Visit)

TEACHER/SPECIALIST: FILE IN CHILD/PRENATAL FILE UNDER FLAP C1 (OTHER)

HOME VISIT PLAN

8/1/08

Child/Prenatal Mother's Name: _____

Date of Home Visit Planned: _____

1. Parent/Child Activities:
(Books to read, Learning Games, ASQ/ASQSE, Denver II)

2. Parent Education:

3. Resources/Agency Referrals:

4. Health/Nutrition Education/Follow-up:

5. FPA/Child Goals:

6. Parent's Request From Last Home Visit:

7. Other:
