

**Long Beach Unified School District
Head Start Program**

**EDUCATION
HOME VISIT RECORD FORM #2**

Child's Name: _____ **Center:** _____
Teacher(s): _____ **AM** **PM** **Date:** _____

Use data from observations and COR to complete this form

Child's Progress/Successes

Teacher: _____

Parent: _____

Child's Needs/Concerns

Teacher: _____

Parent: _____

Parent input form completed: _____ **Yes** _____ **No**

Information given to the parent:

At-home Activities: _____

Ideas for Parent Classroom Volunteers: _____

What did you like best/least about today's visit: _____

Parent's Signature: _____ **Teacher's Signature:** _____

Date: _____

Unable to schedule home visit due to: _____

Approved:
Dr. Gwen Mathews, Director

Approved:
Ruth Geppert, Assistant Director, Child Services

Long Beach Unified School District
Head Start Program

EDUCACION
FORMA DE ANALES DE VISTA AL HOGAR #2

Nombre del niño(a): _____ Centro: _____
Maestra(s): _____ AM PM Fecha: _____

Utilice el dato de observaciones y del COR para completar esta forma

Progreso/Truifnos del Niño(a)

Maestro(s): _____

Padre: _____

Necesidades del niño(a)

Maestro: _____

Padre: _____

Comentario del padres compleded: _____ Si _____ No

Informacion dada a padres:

Actividades para la casa _____
Ideas para padres voluntarios en el salón _____

Que le agado o desagrado mas de lavisita de hoy: _____

Firma del Padre: _____ Firma de la Maestra: _____
Fecha : _____

No esposable hacer cita para una visita a la casa debido a : _____

Approved:
Dr. Gwen Mathews, Director

Approved:
Ruth Geppert, Assistant Director, Child Services