CAPE Children’s Services

EHS Home Visit Report

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| Child: | Home Visitor: | |
| Date/Time: | Home Visit #: | |
| Family follow-up and review of School Readiness Activities completed:  School Readiness Activity Sheet collected. | | |
| Today’s Activities:  Indicate the goal number for each activity. | | |
| Planning/Goals for next week: | | |
| Family Needs/Concerns: | | |
| Handouts/Flyers/Resources: | | |
| Parent Evaluation of Home Visit: | | |
| Home Visitor Signature: | | Date: |
| Parent/Guardian Signature: | | Date: |

White: Individual File Yellow: Supervisor Pink: Parent