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