

Home Visit Record

HV _____

Date of HV: _____ Start Time: _____ End Time: _____

Parent/Guardian(s): _____

Child's Name: _____ Child's DOB: _____

Current Service Level: P 1SS 1 2 3 4 X

Location of HV: Home Other (explain): _____

Present at HV: Child Mother Father/Partner Grandparent Sibling

Other (list all): _____

Observation of Environment

Safe for child Light Space for visit activities TV off Age appropriate toys available

Fresh air – well ventilated Unchanged from last visit Other (please explain): _____

Observation of Child

Absent Awake Asleep Engaged ASQ/ASQ-SE conducted

Think milestone development (language, intellectual, social-emotional, gross/fine motor) and observable health

Observation of Parent/Child Interaction – think CHEEERS for examples (cues, holding, eye contact, empathy, environment, rhythmicity & reciprocity and smiles)

Describe Parent/Child Activity:

Curriculum Used/Other Resources:

Discussions:

Level Change _____

Assessment (KFSI) Topics

Health (Dr. visits, dental, mental health, nutrition, A&D, immunizations, family planning...)

Safety (safety proofing, car seats, feeding, DV, anger management...)

Other (discipline, sleep, child development, cultural considerations...)

Family Goal Plan (FGP) Update: **New FGP Developed**

Family Goals: **Progress** **Updated** **Met** **New goal added**

Activities/Discussions: _____

Referrals *(See details on Blue Referral Tracking Form)*

Made referral **Follow-up on previous referral** **No referrals given**

Plan for Next Visit: _____

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HV Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____