

Name(s): \_\_\_\_\_

Child's Age(s): \_\_\_\_\_ months HV: \_\_\_\_\_ In/Out: \_\_\_\_\_ am /pm - \_\_\_\_\_ am /pm Date: \_\_\_\_/\_\_\_\_/ 2020

	Follow Up:	Source
<p><b>Record temperatures:</b></p> <p>Child(ren): _____</p> <p>_____</p> <p>_____</p> <p>Parent: _____ (guardian)</p> <p>Adults: _____</p> <p>_____</p>	<p>1 ) Family &amp; child Greeting: __Yes or No__ Comments: _____</p> <p>2. ) Please share how your week has been? _____</p> <p>3.) What are your family's concerns? _____ &amp; What steps to address this/these concerns? _____</p> <p>4. ) Please share how the home activities were from last visit? _____ Inkind given? Yes or No      Inkind collected? Yes or No</p> <p>5. ) What are some suggestions for socialization/playgroup? _____ Flyer given? Yes or No</p>	
<p><b>LESSONS:</b></p> <p><b>Lesson Name:</b></p> <p>_____</p> <p><b>Curriculum used:</b></p> <p><input type="checkbox"/> L&amp;L <input type="checkbox"/> Other: _____</p>	<p>Activity: _____   Activity: _____</p> <p>Parent Ed: _____   Parent Ed: _____</p> <p>Materials: (HV) _____   Materials: (HV) _____ (Parent) _____   (Parent) _____</p> <p>L&amp;L objective(s): _____   L&amp;L objective(s): _____</p>	<p><input type="checkbox"/> EHS goal</p> <p><input type="checkbox"/> Parent request</p> <p><input type="checkbox"/> IFSP</p>
<p><b>Lesson Name:</b></p> <p>_____</p> <p><b>Curriculum used:</b></p> <p><input type="checkbox"/> L&amp;L <input type="checkbox"/> Other: _____</p>	<p>Activity: _____   Activity: _____</p> <p>Parent Ed: _____   Parent Ed: _____</p> <p>Materials: (HV) _____   Materials: (HV) _____ (Parent) _____   (Parent) _____</p> <p>L&amp;L objective(s): _____   L&amp;L objective(s): _____</p>	<p><input type="checkbox"/> EHS goal</p> <p><input type="checkbox"/> Parent request</p> <p><input type="checkbox"/> IFSP</p>
<p><b>Lesson Name:</b></p> <p>_____</p> <p><b>Curriculum used:</b></p> <p><input type="checkbox"/> L&amp;L <input type="checkbox"/> Other: _____</p>	<p>Activity: _____   Activity: _____</p> <p>Parent Ed: _____   Parent Ed: _____</p> <p>Materials: (HV) _____   Materials: (HV) _____ (Parent) _____   (Parent) _____</p> <p>L&amp;L objective(s): _____   L&amp;L objective(s): _____</p>	<p><input type="checkbox"/> EHS goal</p> <p><input type="checkbox"/> Parent request</p> <p><input type="checkbox"/> IFSP</p>

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/ 2020 Next Visit day: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

### Early Head Start: Home Visit Lesson Plan

Plans for the next visit: activity/activities? \_\_\_\_\_

What child goals? \_\_\_\_\_

Transition mtg/steps/goals: \_\_\_\_\_

Curriculum source: L&L, HELP, OTHER \_\_\_\_\_

Materials by parent? \_\_\_\_\_ And HV? \_\_\_\_\_

**Health Requirements**

Topic (title of handout): Source: HB1 HB2 HB3 BRUSH PFHB O: \_\_\_\_\_ (circle one)

Health and Safety \_\_\_\_\_

Mental Wellness \_\_\_\_\_

Nutrition and Dental \_\_\_\_\_

Other \_\_\_\_\_

Health needs addressed: WCE    Immunizations    Hgb    Lead    TB    Nutrition    Dental    Vision    Hearing    ASQ    DECA    Depression screen

Notes: \_\_\_\_\_

### Family Engagement

Family goal(s) is/are ? _____ Progress of the family goal(s)? _____ <b>[ Update the progress of family goal in Childplus: Yes or No (Week 1) - Yes or No (Week 2) - Yes or No (Week 3) - Yes or No (Week 4) ]</b> Other concerns or possible future goals? _____ Referral made? Y / N    Referred to? _____	Resources: L&L CD PFHB O
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### Notes/Reflections/Observations/Follow Up