



# Randolph County BOE Head Start

214 N. Highland Ave  
Cuthbert, GA 39840  
229-732-5039



Child's Name \_\_\_\_\_ Date of visit \_\_\_\_\_

Address \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Discuss the purpose of your home visit. To build a partnership with the family, share the results of the Lap – D Screener and Brigance Screener, to obtain parent input about to curriculum, discuss rules and schedule.

Strengths of the family: What does the family do well together? Such as eating meals,, going to park, talking vacations, watching movies?

Review goals set at the beginning of the school year. Were the goals accomplished?

What was the family's attitude concerning the home visit? (Happy, Angry, Excited, Depressed)

Was your purpose of completing the home visit accomplished?

Teacher Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_