

NM Public School Preschool Home Visit Report

Date: _____ Child's Name: _____

Time of Started: _____ Time of Ended: _____

Home Visit Location: _____

People present: _____

	Completed during visit	Share
Developmental Screening (*Please see note below)	<input type="checkbox"/>	<input type="checkbox"/>
Photo Release Form	<input type="checkbox"/>	<input type="checkbox"/>
Handbook	<input type="checkbox"/>	<input type="checkbox"/>
Family photo (to place in classroom on child's first day) The teacher may need to take the photo, with family permission	<input type="checkbox"/>	<input type="checkbox"/>
Class schedule and class calendar	<input type="checkbox"/>	<input type="checkbox"/>
Bus Schedule (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Supply list (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Optional resources		

Child/Family Information

What are your hopes and dreams for your child? What do you envision as your child's future?

What are your child's strengths?

What are your child's interests?

What is your child's favorite book or story?

Tell us about your family. Who are the most important people in your child's life?

Does your child speak a language other than English with you or other family members?
Which language does your child use most when with family? Would you like written materials in a language other than English?

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What are the most important things that you want your child to learn this year?

Family Engagement

What kinds of activities or topics are you interested in participating in or learning more about? (Such as volunteering in the classroom, chaperoning on a field trip, donating classroom materials, parenting classes, serving on a parent board, etc.)

What kind of activities would you like to share with us? (Such as hobbies, customs, employment, etc.)

Does your family have a favorite celebration you would like to share? Are there any holiday events that your family does not celebrate?

What are the best times for you to attend classroom activities/events?

Health, Safety, and Nutrition

What do you want to know about our classroom routines? (I.e. meals, bathroom, transitions, health screenings)

Is there any significant medical or health information about your child that we need to know? (I.e. allergies, medical conditions, etc.) If yes, does your child require a school health plan?

Signatures:

Parent/Guardian

Teacher/EA

*The district may choose the specific screening instrument, but it must contain a social-emotional component. If this screening is intended to be completed in whole or part by the family, as does the ASQ-3 and ASQ-SE, it must be completed as an interview. The screening must not be sent home with the child or left after the home visit to be completed solely by the family. Optimally, this screening is completed as an interview during the home visit (10-15

