





# 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)		
Photo Release Form		
Handbook		
Family photo (to place in classroom on child's first day) The teacher may need to take the photo, with family permission		
Class schedule and class calendar		
Bus Schedule (if applicable)		
Supply list (if applicable)		
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 you 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?





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 socialemotional 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



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minutes). If this is not possible, the teacher will schedule an appointment at school to complete the questionnaire.

#### SUPPLEMENTAL INFORMATION

This school year, what goals do you have for your child's learning in these 3 areas? (From Early Childhood Outcomes- ECO)

1) Positive social-emotional skills (such as turn taking and being a "good friend"):

- 2) Getting and using knowledge and skills (such as early language and communication):
- 3) Use of appropriate behaviors to meet individual needs (such as self-care, getting from place to place, and playing with toys):

Share with the family a copy of the "Catch 'Ems" to document success at home and dates the information will be collected.

#### Growth and Development

Is your child receiving any services to support their growth and development? If so, please answer the following:

Prior to age three, did your family participate in an early intervention program?

Did you have any concerns with your child's development prior to age three?

Most recent evaluation: \_\_\_\_\_\_ Date of IEP (if applicable)\_\_\_\_\_

Is your child exhibiting behaviors that you think might affect his/her learning? If so, what interventions and/or guidance strategies are supporting your child?