

WebCAF #: _____

Home Visit #: _____

Early Head Start Home Visit Planning and Documentation Record

Child's Name: _____

Parent Guardian of the Child: _____

Date: ____/____/____ Location: _____

Participants: _____

Parent-Child Experiences (include plan for sibling activity/ involvement)

Pre-existing Plans

Goals

Experiences

Materials/ Books Needed

Discussion Points (include Resources and Referrals)	I & R
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Parent Input - Curriculum:

Updates and Follow up (include Referrals)
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Family Partnership Agreement Update Yes _____ No _____

Parent Signature: _____

Home Visitor Signature: _____

