

|                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> 1 <sup>st</sup> School Readiness HV | <input type="checkbox"/> 2 <sup>nd</sup> School Readiness HV |
| <input type="checkbox"/> 1 <sup>st</sup> P/T                 | <input type="checkbox"/> 2 <sup>nd</sup> P/T                 |
| <input type="checkbox"/> 1 <sup>st</sup> FHV                 | <input type="checkbox"/> 2 <sup>nd</sup> FHV                 |
| <input type="checkbox"/> 3 <sup>rd</sup> P/T                 | <input type="checkbox"/> 3 <sup>rd</sup> FHV                 |
| <input type="checkbox"/> 4 <sup>th</sup> FC                  | <input type="checkbox"/> OC                                  |

FS/PE 7a3

LOC ID \_\_\_\_\_

**Lower Columbia College Head Start/ECEAP  
Family Contact Form**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Who was present? \_\_\_\_\_ Location: \_\_\_\_\_

Attendance: \_\_\_\_\_

Family Engagement/Follow-Up (*What happened at home visit/things to do*):

Family Goal/Update:

Education: (*ASQ/TS Gold School Readiness goal focus/activity/parent ideas for the classroom/home learning*)

Needs/Referrals (transportation, food, etc.): \_\_\_\_\_

| Health              |                                 |                                  |
|---------------------|---------------------------------|----------------------------------|
| Topic               | Information for Parent/Guardian | Information from Parent/Guardian |
| WCE                 |                                 |                                  |
| Dental              |                                 |                                  |
| Nutrition           |                                 |                                  |
| Specialists         |                                 |                                  |
| Physical Activities |                                 |                                  |

Other Items Completed (i.e. parent surveys, etc.): \_\_\_\_\_

Things to do:

Parent Meeting/Family Night: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Length of Visit: \_\_\_\_\_

Distribution: White – Parent

Yellow – Site File

(C: 03/98; R: 01/19)

Checked for Accessibility: GM, ECR, 06/16/2026, Adobe Acrobat Accessibility Checker