

Lower Columbia College Early Head Start
Home Visiting Notes

Child's Name: _____ Home Visit Date: _____
 Staff/Loc ID: _____ Staff Phone: _____
 Child's Goal: _____
 Strengths: _____

Referrals: _____

☐ Turned in Home Learning?

Follow-Up: _____

Parent Ideas for next visit: _____

WCE: _____

Dental: _____

WIC: _____

Parent Ideas for PAL: _____

Specialist(s): _____

Upcoming Dates: _____ PAL: _____ Home Visit: _____

Parent/Guardian Signature: _____ Date: _____

Distribution: White: Parent Yellow: Site File

(C: 6/10; R: 07/18)

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