

Child's Name	Nikaia		
Parent or Guardian	Lakisha	Phone	XXX-XXX-XXXX
Address			
Date of visit	6/15/xx		
Teacher/Provider	Diane and Melissa		

## **Materials for Home Visit**

- 1. Transition Profile
- 2. Transition Plan from the Early Intervention program
- 3. Snapshots and/or video of classroom
- 4. Follow-up Home Visit Sheet (Classroom schedule, calendar, menu, pictures of other staff members)
- 5. Camera

## **Conversation Guide**

	Area	Planning Notes	Meeting Notes
1.	Building rapport with the child and family	Review enrollment packet for any health issues and more info on family support network	
2.	Family transition concerns and goals	Ask about current therapies Nikaia is receiving.	
3.	Describe your program	Talk about following individual needs of child Show photos of program Share Follow-up Home Visit Sheet Remind Lakisha about classroom bulletin board	
4.	Plan for next steps	When can we expect paper work from sending program?	