

Central Mississippi, Incorporated, Head Start Program

Home Visitation / Parent-Staff Conference  
(Circle Only One Item Listed Above)

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

Staff: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

County: \_\_\_\_\_

Date of Visit / Conference: \_\_\_\_\_

Center: \_\_\_\_\_

Time Arrived: \_\_\_\_\_ Time Departure: \_\_\_\_\_

Names of All Participants: \_\_\_\_\_

Check Topics Discussed

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Parent Handbook          | <input type="checkbox"/> Home Activities for Children | <input type="checkbox"/> Social Services              |
| <input type="checkbox"/> Volunteer Activities     | <input type="checkbox"/> Progress Report              | <input type="checkbox"/> Parent Involvement           |
| <input type="checkbox"/> Transportation           | <input type="checkbox"/> Transition                   | <input type="checkbox"/> Health, Dental               |
| <input type="checkbox"/> Classroom Activities     | <input type="checkbox"/> Health Activities            | <input type="checkbox"/> Nutrition                    |
| <input type="checkbox"/> Developmental Assessment | <input type="checkbox"/> IEP / Disability Services    | <input type="checkbox"/> Family Partnership Agreement |
| <input type="checkbox"/> Nutrition Activities     | <input type="checkbox"/> Mental Health                | <input type="checkbox"/>                              |

Description of Topics Discussed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Topics Discussed by Parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Reaction to Topics Presented: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Topics Discussed or Materials Given to Parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Staff Signature: \_\_\_\_\_