

**San Bernardino County Preschool Services Department  
Home Visit Plan**

COMPLETE    EXCUSED    UNEXCUSED    MAKE UP VISIT

PARTICIPANT'S NAME: _____	DOB: _____	<input type="checkbox"/> CHILD	<input type="checkbox"/> PREGNANT
PARTICIPANT'S NAME: _____	DOB: _____	<input type="checkbox"/> CHILD	<input type="checkbox"/> PREGNANT
SCHEDULED DATE/TIME: _____	ACTION DATE/TIME: _____	LOCATION: _____	
HOME VISITOR: _____	GUARDIAN: _____	VISIT #: _____	

**PARENT CHILD INTERACTION**

INTENT OF PARENT-CHILD INTERACTION ACTIVITY: _____
Parent-Child Activity page: _____ Child development domain: <input type="checkbox"/> Language <input type="checkbox"/> Cognitive <input type="checkbox"/> Social-emotional <input type="checkbox"/> Motor
Parenting Behavior: <input type="checkbox"/> Nurturing <input type="checkbox"/> Designing/Guiding <input type="checkbox"/> Responding <input type="checkbox"/> Communicating <input type="checkbox"/> Supporting Learning
Parent Educator Resource(s): _____ Parent Handout(s): _____
Key point(s): _____
Book sharing: _____ Materials: _____
Strengths-based observations of parenting behaviors (SOC - specific, objective, and concise): _____
Was this section completed as planned? <input type="checkbox"/> YES <input type="checkbox"/> NO _____

**DEVELOPMENT-CENTERED PARENTING**

INTENT OF DEVELOPMENT-CENTERED PARENTING: _____
Developmental Topic: <input type="checkbox"/> Attachment <input type="checkbox"/> Discipline <input type="checkbox"/> Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Safety <input type="checkbox"/> Sleep <input type="checkbox"/> Transitions/Routines <input type="checkbox"/> Healthy births
Parent Educator Resource(s): _____ Parent Handout(s): _____
Key point(s): _____
Strengths-based observations of development-centered parenting (SOC - specific, objective, and concise): _____
Was this section completed as planned? <input type="checkbox"/> YES <input type="checkbox"/> NO _____

**FAMILY WELL-BEING**

INTENT OF FAMILY WELL-BEING: _____
Categories: <input type="checkbox"/> Basic essentials <input type="checkbox"/> Education and employment <input type="checkbox"/> Physical health of the family <input type="checkbox"/> Early care and education <input type="checkbox"/> Mental health and wellness <input type="checkbox"/> Relationships with family and friends <input type="checkbox"/> Recreation and enrichment
Parent Educator Resource(s): _____ Parent Handout(s): _____
Key point(s): _____
Notes on family well-being discussion: _____
Follow-Up on FSA/FPA: _____
Was this section completed as planned? <input type="checkbox"/> YES <input type="checkbox"/> NO _____

**OVERVIEW**

How did the family continue the learning (strategies, information, or activities) from the previous visit?
Were resource connections reviewed during this visit? <input type="checkbox"/> YES <input type="checkbox"/> NO
Notes/Follow-Up: _____

## INDIVIDUAL CHILD SECTION

CHILD'S NAME: _____	Adjusted age: _____
Screenings conducted: _____	
Parent(s)/guardian(s) were asked about concerns regarding child(ren)'s development, behavior, or learning?	
Milestones reviewed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Milestones updated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Child development domains docused on in this visit: <input type="checkbox"/> Language <input type="checkbox"/> Cognitive <input type="checkbox"/> Social-emotional <input type="checkbox"/> Motor	
CHILD GOAL 1 _____	
CHILD GOAL 2 _____	
Were goals set or reviewed during this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child development observations specific to this child (SOC - specific, objective, and concise):	

## INDIVIDUAL CHILD SECTION

CHILD'S NAME: _____	Adjusted age: _____
Screenings conducted: _____	
Parent(s)/guardian(s) were asked about concerns regarding child(ren)'s development, behavior, or learning?	
Milestones reviewed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Milestones updated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Child development domains docused on in this visit: <input type="checkbox"/> Language <input type="checkbox"/> Cognitive <input type="checkbox"/> Social-emotional <input type="checkbox"/> Motor	
CHILD GOAL 1 _____	
CHILD GOAL 2 _____	
Were goals set or reviewed during this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child development observations specific to this child (SOC - specific, objective, and concise):	

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_