

Stanislaus County Office of Education Family Home Visit Plan  
Home Educator's Contact: Name: \_\_\_\_\_ (209) \_\_\_\_\_

Child/Pregnant Woman's Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Child's (Sibling) Name: \_\_\_\_\_  
Location: ☐ Home of Family ☐ Other \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Minutes: \_\_\_\_\_ Explain if <90 Minutes: \_\_\_\_\_  
Other Participants \_\_\_\_\_

**MAKING A CONNECTION**

		Observations:		
			<b>LEARNING EXPERIENCES</b>	
			GGK/GGF Activity:	Module:
			Subsection:	
<input type="checkbox"/> Ready for Play <input type="checkbox"/> Getting in Sync		Handouts:		
Daily Do's: <input type="checkbox"/> E-Parenting <input type="checkbox"/> 4 Steps to Success <input type="checkbox"/> Play by Play <input type="checkbox"/> Character Builders <input type="checkbox"/> Brain Builder <input type="checkbox"/> Body Builder				

**PLANNING FOR THE NEXT VISIT**

School Readiness Goal: <input type="checkbox"/> IEP/IFSP		Home Visit: Date/Time/Location
Playgroup Planning Family Input:	Materials/Information to Provide:	Playgroup: Date/Time/Location
Results Reviewed: <input type="checkbox"/> ASQ <input type="checkbox"/> ASQ-SE <input type="checkbox"/> AEPS    Follow up:		Parent Meeting: Date/Time/Location

☐ Visit Cancelled      Explain: \_\_\_\_\_ ☐ Make-up Visit for: Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature(s)

\_\_\_\_\_  
Date

White-Child's File

Yellow-Parent

\_\_\_\_\_  
Home Based Educator Signature

\_\_\_\_\_  
Date  
Mandatory  
Revised 1/17  
CF/E-18