Text

Description automatically generated

Directions to Home

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Ask parent’s preference for communication, and if this is the best phone number (call or text?)
  + Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text: Y N
  + Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Text: Y N
* Schedule the teacher home visit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Schedule Enrollment/Orientation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Confirm Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Complete the Directions to Home below:

Type of home: Apartment Single Story Mobile Home Two-Story Home

Color of home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Entrance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parking Directions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Safety Questions:
  + Do you have any animals on the premises: Yes No
    - If yes, is it possible for you to keep your animals contained during our home visit? Yes No
  + Does anyone smoke in the home: Yes No
    - If yes, please refrain from smoking during the visit in the home
  + Who might participate in the visit?
  + Is there anything else that might be helpful for us to know?

**PLEASE REMEMBER: IF YOUR ADDRESS OR PHONE NUMBER CHANGES, LET US KNOW IMMEDIATELY. Update Child Information Record**

Follow-up after call

* Add home visit to Outlook Calendar

10/23 EHS-HS Teams/Program Operations/EHS Center-based/Directions to home