

East Missouri Action Agency, Inc.  
Head Start  
HOME BOUND VISIT

Child's name \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

Reason for Home Bound Program:

Approval of Home Bound Services

Head Start Program Director's signature: \_\_\_\_\_

*Approval may be faxed to Program Director at (573) 431-2129.*

FOR FIRST VISIT Date initiated: \_\_\_\_\_

What will occur for child to be able to return to the classroom?

I understand that:

- 1) The Homebound Program is designed to meet our particular set of circumstances at this time.
- 2) The program will include:
  - a) the Head Start child, unless circumstances prevent this from occurring.
  - b) an adult, preferably a family member.
- 3) Your child and the adult will need to meet with a Head Start staff member on a weekly basis.
- 4) The time will be: (day of the week) \_\_\_\_\_ at (time) \_\_\_\_\_.

Parent's signature: \_\_\_\_\_

Head Start staff member signature: \_\_\_\_\_

Area coordinator signature: \_\_\_\_\_

OUTCOMES AND ACTIVITIES DONE AT HOME BOUND VISIT

Outcome                      Activities                      Home theme: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of book left with Reading Homework sheet \_\_\_\_\_

Other support provided for the family: \_\_\_\_\_

*Note: Family advocates will provide the home bound visit at least monthly at which time services will be re-evaluated.*

For entry: 1) ATTENDANCE N = non-scheduled; P or A = present/absent at home visit  
2) MEAL COUNT N = non-scheduled on all classroom days  
3) FAMILY SERVICES Home Visit Description: Home Bound Service Area Code: ED

*After computer entry, this form goes in the back of the green portfolio.*

HOME-BOUND CONCLUSION Date concluded: \_\_\_\_\_ Site Manager initials: \_\_\_\_\_

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Outcome                      Activities                      Home theme: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of book left with Reading Homework sheet \_\_\_\_\_

Other support provided for the family: \_\_\_\_\_

\_\_\_\_\_

Parent's signature \_\_\_\_\_

Head Start staff member signature \_\_\_\_\_

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HOME BOUND VISIT

Child's name \_\_\_\_\_ Date \_\_\_\_\_

OUTCOMES AND ACTIVITIES DONE AT HOME BOUND VISIT

Outcome                      Activities                      Home theme: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of book left with Reading Homework sheet \_\_\_\_\_

Other support provided for the family: \_\_\_\_\_

\_\_\_\_\_

Parent's signature \_\_\_\_\_

Head Start staff member signature \_\_\_\_\_

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