Community Action Team, Inc. Form 2-6

Child & Family Development Programs.

Date: Type of Visit:

Home Visit # Family Name

Reminders and/or Follow-ups

Topic Discussed (Shared at least (1) once a year and if checked, must document in Family Service, Health, or Education Events):

☐ Child and Home Safety ☐ Family Strengths (Must be documented under Family Services for Family Strength

☐ Fluoride (If shared, must add a fluoride event in Health) ☐ School Readiness Goals

☐ Family Interest Survey (Completed Family Interest Survey Module)

☐ Family Goal (if checked, must document under Family Goal Event in Family Services)

☐ Transitions (Must be documents under a Family Service Event under Service Area)

Other items (if checked must document in Family Service, Health, or Education Events):

☐ Community Events ☐ Referrals

☐ Policy Council ☐ Parent Meeting ☐ Child Goal

☐ Engagement ☐ Attendance ☐ Medical/Dental Events ☐ Immunizations

☐ Nutrition (ex: Picky Eater, Food Allergy, Special Diet, Growth) ☐ Mental Health

Plan for next visit: (Planned with Parent)

Parent/Guardian Signature Signature Date