

**NWCA Head Start
Initial Home Visit/Transition Plan**

Child _____ Date _____

Teacher _____ Location of visit _____

Conversation With _____ Relationship to child _____

1. Child is entering from: _____

2. What are your child's strengths? _____

3. What are your child's target areas? _____

4. Activities to do at home:

A. Read with your child everyday. Share a bedtime story.

B. _____

C. _____

5. I will volunteer in the classroom on _____

Signature of Parent or Guardian

Signature of Teacher