



Communities United, Inc.

Virtual 1st Home Visit – Distance Learning Program 2020-2021

Child's Name: _____ **Date of Birth:** _____

Educators: _____ **Classroom:** _____

Parent/Guardian: _____ **Date of Visit:** _____

Personal

What is your child called at home? _____

What name would you like your child to be called? _____

Does your child go by any other name? _____

What languages are spoken in the home? _____

What language do you primarily use when speaking to your child? _____

What would you like Staff to refer to you as? _____

Family

Who is in your child's family? _____

Who lives at home with your child? _____

Are there any family traditions you would like to tell us about? _____

What are your strengths as a parent/guardian? _____

Child's Abilities

What strengths does your child have? _____

What does your child like to do/favorite toys? _____



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What do you want your child to learn this year? _____

Additional Information

Is there anything else you would like to tell us about your child? _____

What is the best way to communicate with you? _____

Do you have an E-mail address? _____

Do you have internet access and a computer, laptop or tablet? _____

___ *I have participated in this virtual home visit and have received the CUI Parent Handbook.*

___ *I understand my child will be assessed 3 times during the school year using Teaching Strategies GOLD, in the following domains:*

Social-Emotional, Physical, Language, Cognition, Literacy, Mathematics, Science & Technology, Social Studies, and The Arts. Outcomes will be discussed during Parent Conferences.

Parent/Guardian Signature

Date

Staff Signature

Date