

School Name _____

Team Home Visit Report

Student Name (Last, First)	DOB	Grade	HO #
Parent/Caregiver	Address visited		
Tel #	Alt. Tel #		Visit time (started, ended)
Visitor #1	Title/Position		Visitor #2 Title/Position
Person(s) at the home and relationship to student:			

Student/Family Strengths:

Purpose of Outreach (Areas of Concern):

- Academic: _____
- Attendance: _____
- Emotional/Behavioral: _____
- Family/Home: _____
- Physical Health/Medical: _____
- Other: _____

Visit Notes (include accomplishments; brainstorm action items):

Action Items:

WHAT <i>(Describe Action Items or Services)</i>	WHO <i>(Person responsible)</i>	WHEN <i>(Date action will be initiated)</i>

Parent/Caregiver Signature

Home Visitor Signature