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**PERSONAL VISIT PLANNING GUIDE AND RECORD FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FAMILY INFORMATION** | | | | | | | |
| FAMILY NAME | | | | FAMILY VISIT TYPE  Prenatal to Age 3 Age 3 to Kindergarten Entry | | | |
| ELIGIBLE CHILDREN | | | | | | | |
| **VISIT INFORMATION** | | | | | | | |
| VISIT NUMBER | LOCATION OF VISIT | | | | | VISIT FORMAT  In Person Virtual Phone | |
| DATE OF VISIT | | | START TIME | | END TIME | | NEXT VISIT SCHEDULED FOR |
| IF VISIT IS LESS THAN 60 MINUTES, EXPLAIN | | | | | WHO WAS PRESENT DURING THE VISIT | | |
| **PLANNING GUIDE** (COMPLETE PRIOR TO THE VISIT)  The parent educator will use the Foundational Lesson Plans for visits 1-8 and document below how the visit will be individualized for the family. For visits 9 and beyond, the parent educator will use the space below to create and document the plan for the visit. (Refer to the previous visit record for follow-up questions) | | | | | | | |
| HANDOUTS | | | | | | | |
| PARENT EDUCATOR RESOURCES | | | | | | | |
| **PLANNING OPENING: CONNECT – REFLECT – AGREE** | | | | | | | |
| **PARENT-CHILD INTERACTION** | | | | | | | |
| INTENT: WHAT WILL WE FOCUS ON AT THIS VISIT? | | | | | | | |
| PARENT-CHILD ACTIVITY PAGE | | | | | | | |
| CHILD DEVELOPMENT DOMAIN    Language Cognitive Social-Emotional Motor | | | | | | | |
| PARENTING BEHAVIOR    Nurturing Designing/Guiding Responding Communicating Supporting Learning | | | | | | | |
| PROMPTS, QUESTIONS, AND KEY POINTS SHARED WITH THE FAMILY | | | | | | | |
| BOOK SHARING | | | | | | | |
| **DEVELOPMENT-CENTERED PARENTING** | | | | | | | |
| iNTENT: WHAT WILL WE FOCUS ON AT THIS VISIT? | | | | | | | |
| DEVELOPMENTAL TOPIC  Attachment Discipline Health Nutrition Safety Sleep Transitions/Routines Healthy Births | | | | | | | |
| PROMPTS, QUESTIONS, AND KEY POINTS | | | | | | | |
| **FAMILY WELL-BEING** | | | | | | | |
| iNTENT: WHAT WILL WE FOCUS ON AT THIS VISIT? | | | | | | | |
| CATEGORIES  Basic Essentials Education/Employment Physical Health of the Family Mental Health/Wellness  Early Care/Education Relationships Family/Friends Recreation/Enrichment Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| PROMPTS, QUESTIONS, AND KEY POINTS SHARED WITH THE FAMILY | | | | | | | |
| **GOALS** | | | | | | | |
| **RESOURCES** | | | | | | | |
| **CLOSING: REVIEW – REVISIT – EVALUATE – SHARE – AFFIRM – LOOK AHEAD** | | | | | | | |
| **PERSONAL VISIT RECORD** (COMPLETE WITHIN 48 HOURS AFTER THE VISIT) | | | | | | | |
| how did the family continue the learning (strategies, information, or activities) from the previous visit? | | | | | | | |
| Family Stengths and Protective factors focused on in this visit (check all that apply):  Parental Resilience Social Connections Concrete Support in Times of Need  Knowledge of Parenting and Child Development Social and Emotional Competence of Children | | | | | | | |
| WERE RESOURCE CONNECTIONS SET OR REVIEWED AS PLANNED DURING THIS VISIT? Yes No | | | | | | | |
| WAS THE PERSONAL VISIT COMPLETED AS PLANNED? Yes No | | | | | | | |
| Milestones reviewed/updated for each child during the visit? Yes No | | | | | | | |
| IF NO TO EITHER OF THESE QUESTIONS, EXPLAIN | | | | | | | |
| **PARENT-CHILD INTERACTION** | | | | | | | |
| Strengths-Based Observations of Parent-Child Interactions and Child development observations (SOC – Specific, Objective, and Concise) | | | | | | | |
| **DEVELOPMENT-CENTERED PARENTING** | | | | | | | |
| Notes on developmental topic discussion (include child-specific information when multiple children in the family are enrolled | | | | | | | |
| **FAMILY WELL-BEING** | | | | | | | |
| Notes on family well-being discussion | | | | | | | |
| **NEXT STEPS** | | | | | | | |
| PARENT | | | | | | | |
| PARENT EDUCATOR | | | | | | | |
| goal status: | | Set In Progress Met Abandoned | | | | | |
| Goals upDate | | | | | | | |
| Resources Shared | | | | | | | |
| Date Personal Visit Planning Guide and Record Form was Completed | | | | |  | | |
| parent educator name | | | | |  | | |