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 **PERSONAL VISIT PLANNING GUIDE AND RECORD FORM**

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| --- |
| **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 |  |