

Confidential Home Visit Form

Student: [redacted] **D.O.B.:** [redacted] **Grade:** [redacted]
School: [redacted] **Date of Home Visit:** [redacted] **Time:** [redacted]
Address of Home Visit: [redacted]
Staff Completing Form: [redacted]
Adult(s) Present in Home During Visit: [redacted]
Staff present at home visit [redacted]
Is the student identified SPED? [redacted]
Is the student identified Section 504? [redacted]

Reason for Home Visitation:

- Attendance Chronic Absenteeism Engagement in school Illness Health/Welfare concerns
- Behavioral Concerns Other:

Parent/Guardian Concern(s) and Feedback:

Student Concern(s) and Feedback:

Staff Narrative Report/Observations:

Action Plan (including staff responsible):

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Staff Signature: _____ Date _____

Staff Signature: _____ Date _____