

Living Waters Catholic Regional Division No.42

Box 1949, 4204 Kepler Street

Whitecourt, Alberta T7S 1P6

HOME VISIT REPORT

Student: _____ Date: _____

Time (minutes): _____ Location: _____

People present: _____

IPP goal(s) worked on with child:

Additional information/other goals worked on/information relayed to parents for other team members:

Suggestions for next visit based on IPP goals:

Upcoming appointments and meetings:

Date and Time of next visit:

Signatures confirm participation in the above visit and agreement to comply with follow-up plans.

Parents Signature

Staff Member Signature

Individual Program Plan Goal:

Objective(s):

Activity:

The child:

Completed the activity independently with modelling.	
Completed the activity with prompting and modelling..	
Completed the activity with prompting and some physical assistance.	
Completed the activity with physical assistance.	

The child:

Enjoyed the activity and actively participated.	
Tolerated the activity and allowed an adult to facilitate.	
Did not enjoy the activity.	

The duration of the activity:

0 - 5 minutes	
5 - 10 minutes	
10 - 15 minutes	

General Comments:

Parent/Guardian Signature: _____

Staff Signature: _____