

**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:\_\_\_\_\_

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IPP goal(s) worked on with child:

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

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Suggestions for next visit based on IPP goals:

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Upcoming appointments and meetings:

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Date and Time of next visit:

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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:\_\_\_\_\_