

Fort Hill
Center for Early Childhood Education
Smith College
28 Lyman Road
Northampton, Massachusetts 01063
413-585-3290

HOME VISIT SUPPLEMENTAL FORM

This form provides additional information to give to your child's teachers before the first day of school. **Please complete and return to them at the home visit.** Thank you.

Child's Name _____ Prefers to be called _____

Birth Date _____ Today's Date _____

Siblings (name, age, school/group):

Others who live in the same home with child:

Family interests:

Child's "schedule" /patterns/ "style"/ temperament:

Child's sleeping habits:

Child's diapering/toileting habits:

Child's self-modulation skills/comfort:

Allergies:

Special/medical needs:

(continued on back)

Important people/animals in child's life:

Past care arrangements:

In order to support your child's transition and to coordinate with services offered by other providers, please share any information about other therapeutic, educational, social and support services received by your child _____
