

Epoch

6. Epoch (Check the appropriate box based on child's age calculated from his/her birth date)

- | | | |
|--|--|--|
| <input type="checkbox"/> Prenatal | <input type="checkbox"/> 6 Months up to 9 Months | <input type="checkbox"/> 24 up to 36 Months |
| <input type="checkbox"/> Birth up to 3 Months | <input type="checkbox"/> 9 Months up to 14 Months | <input type="checkbox"/> 3 Years up to 4 Years |
| <input type="checkbox"/> 3 Months up to 6 Months | <input type="checkbox"/> 14 Months up to 24 Months | <input type="checkbox"/> 4 Years up to 5 Years |

Topics Covered Within the Four Targeted Program Areas

Which of the following topics in the targeted program areas did you address?

7a. Nurturing Parenting

- | | |
|--|--|
| <input type="checkbox"/> Attachment/Bonding | <input type="checkbox"/> Negative Learned Parenting Behavior |
| <input type="checkbox"/> Appropriate Expectations of Child | <input type="checkbox"/> Knowledge of Child Development |
| <input checked="" type="checkbox"/> Empathy for Child | <input type="checkbox"/> Positive Role Models for Both Genders |
| <input type="checkbox"/> Role Reversal | <input type="checkbox"/> Daily Quality Time |
| <input type="checkbox"/> Independence | <input type="checkbox"/> Children's Nutritional Needs |
| <input type="checkbox"/> Shaken Baby Prevention | <input type="checkbox"/> Coping Skills |
| <input checked="" type="checkbox"/> Alternative to Physical Punishment | <input type="checkbox"/> Additional Topic (specify) |

7b. Healthy Families

- | | |
|---|---|
| <input type="checkbox"/> Medical Home for Parents | <input type="checkbox"/> Physical Health and Well-being |
| <input type="checkbox"/> Medical Home for Child | <input type="checkbox"/> Establishment of Daily Routines |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Positive Self Care and Self Esteem |
| <input type="checkbox"/> Safe Home Environment | <input type="checkbox"/> Importance of Social Connections |
| <input type="checkbox"/> Nutrition: Healthy Eating | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Mental Health & Well-being | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Safe Sleep/SIDS | <input type="checkbox"/> Building a Social Network |
| <input type="checkbox"/> Child Spacing | <input type="checkbox"/> Additional Topic (specify) |

7c. Parent Life Course

- | | |
|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Use of Community Resources |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Personal Relationships/Connections | <input type="checkbox"/> Parent Satisfaction with Quality of Life/Circumstances |
| <input type="checkbox"/> Income and Money Management | <input type="checkbox"/> Personal Goals and Planning |
| <input type="checkbox"/> Basic Needs | <input type="checkbox"/> Additional Topic (specify) |
| <input type="checkbox"/> Relationship with Co-Parent or Partner | |

7d. School Readiness

- | | |
|--|---|
| <input type="checkbox"/> Aspects of Language Development | <input type="checkbox"/> Education Starts in the Home |
| <input type="checkbox"/> Aspects of Cognitive Development | <input type="checkbox"/> Importance of Play-Based Learning (and Adult Role) |
| <input type="checkbox"/> Aspects of Motor Development | <input type="checkbox"/> Stages of Play |
| <input type="checkbox"/> Aspects of Social-Emotional Develop | <input type="checkbox"/> Prepare for School |
| <input type="checkbox"/> Child Self-Help Skills | <input type="checkbox"/> Educational Concepts |
| <input checked="" type="checkbox"/> Separation from Parent | <input type="checkbox"/> Additional Topic (specify) |

8. Epoch Passport: Awarded Discussed Not discussed

Home Visit Plan: Curricula and Activities

9. Was the Home Visit Plan implemented? Fully Partially Not at all Crisis

10. a. Foundational curricula

<input type="checkbox"/> Parents As Teachers Born to Learn	Topic:
<input type="checkbox"/> Partners for a Healthy Baby	Topic:
<input type="checkbox"/> Nurturing Parenting	Topic:

b. Supplemental curricula

<input type="checkbox"/> Healthy Babies...Healthy Families –San Angelo	Topic:
<input type="checkbox"/> Little Bits	Topic:
<input type="checkbox"/> Other:	Topic:
<input type="checkbox"/> Other:	Topic:

c. What other **supplemental materials** (fliers, articles) did you use, if any?

Child Development

11. ASQ Completed this Visit:

Yes: ASQ-3, month Yes: ASQ-SE, month No

If Yes, "ASQ Completed"...

a. ASQ was completed on:

Target Child Sibling (#)

b. Area(s) of noted concern:

No areas of concern Problem Solving Communication Personal-Social
 Fine Motor Gross Motor ASQ-SE cutoff score exceeded

If "Concerns Noted"...

c. HV and parents discussed which next steps:

Administer a second ASQ Referral to Pediatrician Referral to Birth to Three
 Referral to Help Me Grow Referral to School System Second caretaker complete ASQ
 Other:

d. Did Parent agree to next step: Yes No

12. PAT Milestones completed:

Yes: month No

Parent Life Skills

13. Parent Life Skills addressed during visit:

Self-advocacy Topic
 Problem Solving Topic
 Negotiation Skills Topic
 Other:

14.

a. Community Referrals made during this visit? Yes No

Where:

b. Evaluation forms completed during this visit? Yes No

Which one(s)?

c. Shaken Baby prevention information provided during this visit? Yes No

d. Parent(s) provided with education about injury prevention during this visit? Yes No

e. Parent(s) currently uses tobacco? Yes No

f. Parent(s) provided with education about hazards of tobacco during this visit? Yes No

g. Parent(s) referred to smoking cessation program during this visit? Yes No

15. Action Plan:

Created Discussed Revised Not discussed

16. Social Events Attended Since Last Home Visit? Yes No If yes, date(s):

Progress Notes: In this section record what happened during the beginning, middle and end of this visit. Record observations in the environment, interactions between the parent, primary caretakers and child(ren), family strengths, successes and concerns related to: the child's development, action plan, epoch passport or epoch topics. Include the activity used and parents comments and /or request for assistance in connecting with services and how you responded to their request.

Plan/Follow-up: _____	
Date of Next Visit:	
Date Submitted to Supervisor :	Home Visitor Signature:
Date Reviewed:	Supervisor Signature: