

Head Start Home Visitor Report

Center _____ HV Period _____ to _____ HV Name _____ Caseload _____

Child's Name	Date	HV#	Code	Date	HV#	Code	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Codes:

- | | | |
|---------------------|-------------------------|------------------------|
| A: Additional HV | HVC: HV Cancelled | PC: Parent Cancelled |
| C: Conference | HVS: HV Sick | PU: Parent Unreachable |
| D: Dropped | MU: Make up HV | S: Substitution |
| FS: Family Sick | NOH: No one Home | SD: Snow Day/Weather |
| H: Holiday/Vacation | NV: Night Visit After 5 | T: Transfer |

Actual # HV Completed _____ , Caseload _____ X 100 = Home Visit percent _____%