



## New Mexico PreK Home Visit Report

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

PreK Site: \_\_\_\_\_ Teacher: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**What family information would help me to understand your child?**

**What are your hopes/dreams/goals for your child this school year?**

**How does your child learn best: when you show him, when you tell him or when he tries to do it on his own?**

**What are your child's interests? any specific likes or dislikes? Does your child like to be read to? Is reading books to your child a regular part of your daily routine? If not, are you interested in learning more about the benefits?**

**Does your child have any health concerns?** (For example: premature birth, previous surgeries, allergies [environmental, food, medication or insect sting], serious illness or health conditions, etc.)

**Do you know where your child will be attending kindergarten next year?**

☐ Yes      Name of School: \_\_\_\_\_

☐ No

**What languages does your child speak? In which is he fluent?**

**What languages are spoken in the home? Do you have a preference for written materials in any language other than English?**

**Do you have any concerns about your child's development?**

**Does your child have an IEP or IFSP? (ECECD: Ask parents to please bring in copies so that the teacher can provide support and work on the child's goals at school . PED: Teachers should obtain a copy from their special education department)**