

Center Home Visit Letter

Date _____

Child's Name _____

Unit _____

Dear _____,
Parent/Guardian

Please choose 2 of the 5 activities listed below to be completed on your home visit. Each of the activities listed relate to _____ 's School Readiness Goals/Child Development Plan.

Circle two activities and return to the center by _____.

- 1.
- 2.
- 3.
- 4.
- 5.

What day and time works best for your family's home visit?

Feel free to call the center, _____, if you have questions.

Thanks