

Unit: _____

Date: _____

Teacher Agreement

- I will maintain confidentiality and ethical practices when working with families.
- I will respect the family, its culture and ensure that all members of the family are treated with respect.
- I agree to turn off and/or limit the use of media such as cell phones during the scheduled home visit.
- I agree to notify the family in a timely fashion if I am unable to attend the visit or need to reschedule.
- I agree to provide a family focused visit that will benefit both the parents and the child.

Parent Agreement

- As the parent/guardian of my child, I agree that I am my child's first and primary teacher.
- I agree to be physically and emotionally present, and willing to participate in the scheduled visits.
- I agree to turn off and/or limit the use of media such as cell phone, texting, TV, computer, and other electronic disturbances during my scheduled visit.
- I agree to notify the Head Start teacher if I am unable to have a visit due to illness other circumstances.
- I agree to notify the H.S. teacher if my child is unable to attend center.
- I agree to complete the required medical and dental exam, as well as any follow-up that may be required.
- I agree to complete the weekly in-kind activity form that helps to fund my child's education in the Head Start program.
- If your child attends center – I agree to have child(ren) prepared for the bus.

Parent/Guardian Signature: _____

Teacher Signature: _____