

Family ID: <input style="width: 90%;" type="text"/>	Visit Date: <input style="width: 90%;" type="text"/>
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Protective Factors Focus (refer to current intake/update form):	
<input type="checkbox"/> Social Connections	<input type="checkbox"/> Parental Resilience
<input type="checkbox"/> Concrete Supports	<input type="checkbox"/> Knowledge of Parenting and Child Development
<input type="checkbox"/> Social and Emotional Competence of Children	

Touching Base About Last Visit:
Topics/Concerns/Plans

Everyday Moment Topic:
eg. Safe Sleep/Sleep Routines

Accompanying Handouts:
(Resource/Safety Sheets; Family Pages)

What parent wants to share with or show to me (HV):

eg. Mom wants me to see the bassinet setup or show what clothing she puts on the baby for him or her.

Parent/Child Activity:

eg. Learning a lullaby, choosing a book and practicing storytelling, calming routines and behaviors.