



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)