



# California Mini-Corps Home Visit Form

Date of Visitation \_\_\_\_\_  
(Month / Day / Year)

Mini Corps Student Name \_\_\_\_\_

Pupil Name \_\_\_\_\_

Pupil Grade Level (circle one) K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Duration of Home Visit:  15 minutes  30 minutes  45 minutes  over 1 hour

- |                                                          |                                                             |
|----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Pupil's Attendance              | <input type="checkbox"/> Help Parents Tutor Son/Daughter    |
| <input type="checkbox"/> Pupil's Health                  | <input type="checkbox"/> Permission for Pupil Participation |
| <input type="checkbox"/> Pupil's Academic Progress       | <input type="checkbox"/> Help Parent Receive Assistance     |
| <input type="checkbox"/> Pupil's Behavior                | <input type="checkbox"/> Explain Recreation Program         |
| <input type="checkbox"/> Collect Information for Records | <input type="checkbox"/> Other Reason _____                 |
| <input type="checkbox"/> Explain School Program          | _____                                                       |
| <input type="checkbox"/> Purpose for return visit _____  | _____                                                       |

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Comments: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Phone #

Shared information with classroom teacher

\_\_\_\_\_  
Teacher's Signature