

Teacher/Parent Agreement

UNIT: _____

DATE: _____

Teacher Agreement

- I will be on time for the agreed upon time of the home visit and let the parent /guardian know if I will not be able to do so.
- I agree to notify the family in a timely fashion if I am unable to attend the visit or need to reschedule.
- 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 home visit.
- I agree to provide a family focused visit that will benefit both the parents and the child.

Parent Agreement

- I will have my child in attendance.
- I will be home for the weekly home visit (Home Base), but in the event of illness or other circumstances, or if I will be late, I will notify the teacher.
- I agree to notify the Teacher if my child is unable to attend Center or PALS or if my child will be late.
- 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 phones, texting, TV, computer, and other electronic disturbances during my scheduled visit.
- I agree to complete the required medical and dental exams, 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) ready for the bus. If your child attends home base - I agree to have my child dressed and ready for the visit by turning off the TV, computer, and video games, etc.

Parent/Guardian Signature: _____

Teacher Signature: _____