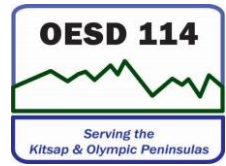




Olympic Educational Service District 114

105 National Avenue North, Bremerton, Washington 98312
(360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



PRENATAL HOME VISIT ACTION LOG

Parent Name: _____ **Home Visit Date:** _____

Family Members Present: _____

Family Check In (*events, activities, wellness since last visit*): _____

Prenatal Education: _____

Family Well Being (*last doctor/dentist, next prenatal, childbirth education, etc.*): _____

Goal Check In: _____

Play and Learn (*upcoming session information shared, family input, barriers to attendance, etc.*): _____

Parent Signature: _____ **Staff Signature:** _____

Next Home Visit: (*planned activity, list of who providing materials, topic of discussion, any follow up needed, etc.*)