

Record of Home Sessions and VISM Distribution to Families

Parent's Name:

Child's Name:

Early Learning Specialist:

Program:

| VISM # | VISM Name | Intro Date | Parent's Signature | Rev Date | Parent's Signature |
|--------|-----------|------------|--------------------|----------|--------------------|
| 1B | | | | | |
| 2T | | | | | |
| 3B | | | | | |
| 4T | | | | | |
| 5B | | | | | |
| 6T | | | | | |
| 7B | | | | | |
| 8T | | | | | |
| 9B | | | | | |
| 10T | | | | | |
| 11B | | | | | |
| 12T | | | | | |
| 13B | | | | | |
| 14T | | | | | |
| 15B | | | | | |
| 16T | | | | | |
| 17B | | | | | |
| 18T | | | | | |
| 19B | | | | | |
| 20T | | | | | |
| 21B | | | | | |
| 22T | | | | | |
| 23B | | | | | |