

HOME VISITOR DEMOGRAPHIC FORM

To enter information you must download and save to your own device.

HOME VISITOR INFORMATION	
Program Name	
Home Visitor	
Coordinator*	
Home Visitor is (check all that apply) <ul style="list-style-type: none"> • Current HIPPy Participant • Former HIPPy participant • Has characteristics of the community 	

*this form is to be completed by the program coordinator

LANGUAGE INFORMATION	
Primary Language English Spanish Other (<i>Specify</i>)	Serves families in: (Check all that apply) English Spanish Other (<i>Specify</i>)
Secondary Language N/A English Spanish Other (<i>Specify</i>)	Coordinator / Supervisor: Using the language proficiency levels 1-4 (see description below), rate proficiency level for: 1. Primary Language Level: 1 2 3 4 2. Secondary Language Level: 1 2 3 4
Language proficiency levels*: <ol style="list-style-type: none"> 1. Beginner - can perform simple tasks like introducing themselves or asking basic questions. 2. Intermediate - can function efficiently in every day or professional situations. They can make basic conversations but may have limited knowledge of grammar and vocabulary. 3. Advanced - can handle most conversations and express themselves fluently 4. Native or Proficient - can communicate with a similar level of fluency and understanding as a native speaker. 	
Free online language level assessment for English and Spanish.	
* This should be assessed and verified by the coordinator (if they speak Spanish) or a Spanish-speaking colleague. Describe below how this level of proficiency was assessed or verified.	



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RACE AND ETHNICITY	
<p>Hispanic or Latino Origin <i>Select only one option</i></p> <p>Not Hispanic or Latino Hispanic or Latino</p> <p>Specify primary Hispanic / Latino origin below:</p>	<p>Race <i>Select only one option</i></p> <p>American Indian/Alaskan Native Specify primary tribal affiliation below Black or African American Asian: Specify below Multiracial Pacific Islander: Specify below White Unknown</p> <p style="text-align: right;">Specify Here: _____</p>

ADULT EDUCATION INFORMATION		
Highest Level of Education Completed - Select only one option		
<ul style="list-style-type: none"> • Less than High School • High School Diploma • GED Certificate • Non-College Certified/Licensed 	<ul style="list-style-type: none"> • Some College • Associate's Degree • Bachelor's Degree or higher 	
Current Educational Pursuits - Select all that apply		
<p>None Currently pursuing GED Enrolled full time in college Enrolled part time in college</p>		
CDA / ECE Credentialing - Select all that apply		
<p>Started but not currently enrolled</p> <p>CDA ECE</p>	<p>Currently enrolled</p> <p>CDA ECE</p>	<p>Credential complete</p> <ul style="list-style-type: none"> • CDA • ECE



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HIPPY Coordinator signature: _____

I certify this information to be valid on (date) _____

ADDITIONAL HOME VISITOR INFORMATION

FTE Part-Time Full-Time	# of HIPPY hours a Week	# of Non-HIPPY Hours Per Week
Current HIPPY Parent Yes No*	Former HIPPY Parent Yes No*	*Practice Child For each practice child, list name, curriculum age you completed with them, and the program year(s) you worked with them.

Briefly describe this home visitor's connection to the community they serve. This could include how long they have lived in the area, involvement in the community prior to HIPPY, or anything else showing how they gained knowledge and understanding of the community served.



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