

(Place FINAL Agenda on Your Agency's Letterhead)

HIPPY

Name of Your Program
Address
Name(s) of coordinator(s)
Annual Site Visit

**National HIPPY Trainer: Dabaram Rampersad, Assistant State Director
Florida HIPPY T&TA Center**

GENERIC DRAFT AGENDA

DAY 1 *(insert date here)*

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|------------------|-------------|--|
| 8:30 - 12:00 | ☺ ☺ | Staff Meeting (as usually implemented on a weekly basis) Role Play (as usually implemented on a weekly basis) |
| 12:00 - 1:00p.m. | ☺ | LUNCH |
| 1:00 - 4:30 p.m. | ☺ ☺ ☺ | Home visit (Name of Home Visitor & Parent) Home visit (A Different Home Visitor & Parent) Back-up Home Visit (in case of unexpected event) |

DAY 2 *(insert date here)*

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|------------------|-----------------------|--|
| 9:00 - 12:00 | ☺ ☺ ☺ ☺ ☺ | Meet with coordinator Tour of facilities (if possible) Review Family Files Review HIPPY MIS Begin Review of SAVI |
| 12:00 - 1:00 | ☺ | LUNCH |
| 1:00 - 3:00 p.m. | ☺ ☺ | Complete Review of SAVI Evaluation & Closure |