

# Head Start Conference Form

Parent Teacher Conference

<sup>1st</sup> Education Home Visit

Child's Name: BJ McKay

Center: Bean Town

Conference Participants: Jack McKay, Tina Turner  
(Staff & Parents)

## Meeting Information

Date: 8/12/22 Time: 9:00am Duration: 30 min

Location of Meeting:  Home  School  Other \_\_\_\_\_

Parent-Teacher Conferences should occur at school. Ed. Home Visits should occur in the home. If this meeting was held at a different location, please explain:

## Items of Discussion

(Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Screening Results   | <input checked="" type="checkbox"/> Classroom Events         |
| <input type="checkbox"/> TS GOLD Results                | <input checked="" type="checkbox"/> Child Health Information |
| <input checked="" type="checkbox"/> School Readiness    | <input checked="" type="checkbox"/> Attendance               |
| <input type="checkbox"/> Brigance Teacher Questionnaire | <input checked="" type="checkbox"/> Parent Participation     |

Additional Topics: Importance of Attendance

Additional Topics: \_\_\_\_\_

Additional Topics: \_\_\_\_\_

## Parent Comments/Input:

Jack said BJ loves school. He said he would like Jack to share more.

## TS GOLD Activities

There should be at least 4 activities taken into the home. Parents will select 2 activities to use in the home (This does not apply to Education Home Visit #1)

Home Activity 1) \_\_\_\_\_

Home Activity 2) N/A

- Did parent receive a copy of the School Readiness Goals?  Yes  No  NA
- Did parent receive a copy of the Development & Learning Report?  Yes  No  NA
- Did parent receive a copy of the Brigance III Scoring Tool?  Yes  No  NA

(score sheet from the Brigance website)

Tina Turner  
Staff Signature

8/12/22  
Date

Jack McKay  
Parent Signature

8/12/22  
Date

# Head Start Conference Form

**Parent Teacher Conference**

**Education Home Visit**

Child's Name: BJ McKay

Center: Bean Town

Conference Participants: Jack McKay, Tina Turner  
(Staff & Parents)

## Meeting Information

Date: 11/4/22 Time: 2:00pm Duration: 30min

Location of Meeting:  Home  School  Other \_\_\_\_\_

Parent-Teacher Conferences should occur at school. Ed. Home Visits should occur in the home. If this meeting was held at a different location, please explain:

## Items of Discussion

(Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Screening Results                         | <input checked="" type="checkbox"/> Classroom Events |
| <input checked="" type="checkbox"/> TS GOLD Results                | <input type="checkbox"/> Child Health Information    |
| <input checked="" type="checkbox"/> School Readiness               | <input type="checkbox"/> Attendance                  |
| <input checked="" type="checkbox"/> Brigance Teacher Questionnaire | <input type="checkbox"/> Parent Participation        |

Additional Topics: Upcoming Parent Meeting  
Additional Topics: \_\_\_\_\_  
Additional Topics: \_\_\_\_\_

## Parent Comments/Input:

Jack said he could tell a difference with sharing and was very pleased.

## TS GOLD Activities

There should be at least 4 activities taken into the home. Parents will select 2 activities to use in the home (This does not apply to Education Home Visit #1)

Home Activity 1) We Share This Way!  
Home Activity 2) How Many?

- Did parent receive a copy of the School Readiness Goals?  Yes  No  NA *we discussed these.*
- Did parent receive a copy of the Development & Learning Report?  Yes  No  NA
- Did parent receive a copy of the Brigance III Scoring Tool?  Yes  No  NA

(score sheet from the Brigance website)

Tina Turner  
Staff Signature

11/4/22  
Date

Jack McKay  
Parent Signature

11/4/22  
Date

# Head Start Conference Form

Parent Teacher Conference

<sup>209</sup> Education Home Visit

Child's Name: BJ McKay

Center: Blountown

Conference Participants: Jack McKay, Tina Turner  
(Staff & Parents)

## Meeting Information

Date: 2/10/23 Time: 12:00pm Duration: 30min

Location of Meeting:  Home  School  Other \_\_\_\_\_

Parent-Teacher Conferences should occur at school. Ed. Home Visits should occur in the home. If this meeting was held at a different location, please explain:

## Items of Discussion

(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Screening Results              | <input checked="" type="checkbox"/> Classroom Events |
| <input checked="" type="checkbox"/> TS GOLD Results     | <input type="checkbox"/> Child Health Information    |
| <input checked="" type="checkbox"/> School Readiness    | <input checked="" type="checkbox"/> Attendance       |
| <input type="checkbox"/> Brigance Teacher Questionnaire | <input type="checkbox"/> Parent Participation        |

Additional Topics: Importance of Attendance  
Additional Topics: \_\_\_\_\_  
Additional Topics: \_\_\_\_\_

## Parent Comments/Input:

BJ is excited about being able to write some of his letters.

## TS GOLD Activities

There should be at least 4 activities taken into the home. Parents will select 2 activities to use in the home (This does not apply to Education Home Visit #1)

Home Activity 1) I Have Friends  
Home Activity 2) Small Steps, Big Steps!

Did parent receive a copy of the School Readiness Goals?

Yes  No

NA

*we discussed these.*

Did parent receive a copy of the Development & Learning Report?

Yes  No

NA

Did parent receive a copy of the Brigance III Scoring Tool?

Yes  No

NA

(score sheet from the Brigance website)

Tina Turner

Staff Signature

2/10/23

Date

Jack McKay

Parent Signature

2/10/23

Date

# Head Start Conference Form

Final  
 Parent Teacher Conference

Education Home Visit

Child's Name: BJ McKay

Center: Bean Town

Conference Participants: Jack McKay, Tina Turner  
(Staff & Parents)

## Meeting Information

Date: 4/14/23 Time: 11:00am Duration: 30min

Location of Meeting:  Home  School  Other \_\_\_\_\_

Parent-Teacher Conferences should occur at school. Ed. Home Visits should occur in the home. If this meeting was held at a different location, please explain:

## Items of Discussion

(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Screening Results              | <input checked="" type="checkbox"/> Classroom Events |
| <input checked="" type="checkbox"/> TS GOLD Results     | <input type="checkbox"/> Child Health Information    |
| <input checked="" type="checkbox"/> School Readiness    | <input type="checkbox"/> Attendance                  |
| <input type="checkbox"/> Brigance Teacher Questionnaire | <input type="checkbox"/> Parent Participation        |

Additional Topics: Last day of school for Head Start  
Additional Topics: \_\_\_\_\_  
Additional Topics: \_\_\_\_\_

## Parent Comments/Input:

Jack said BJ had learned so much this year and was very proud!

## TS GOLD Activities

There should be at least 4 activities taken into the home. Parents will select 2 activities to use in the home (This does not apply to Education Home Visit #1)

Home Activity 1) Sorting Starts Here!  
Home Activity 2) Shapes Are Everywhere!

Did parent receive a copy of the School Readiness Goals?

Yes

No

NA

*Reminded Jack of these.*

Did parent receive a copy of the Development & Learning Report?

Yes

No

NA

Did parent receive a copy of the Brigance III Scoring Tool?

Yes

No

NA

(score sheet from the Brigance website)

Tina Turner  
Staff Signature

4/14/23  
Date

Jack McKay  
Parent Signature

4/14/23  
Date