

Head Start Conference Form

Parent Teacher Conference

Education Home Visit

Child's Name: Ricky Bobby

Center: Bean Town-A

Conference Participants: Ms. Laura Bean, Ms. Debbie Lynn, Robert Bobby
(Staff & Parents)

Meeting Information

Date: 8/15/16 Time: 9:05 Duration: 15 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: Any Special Talents - Robert stated that he could play guitar
 Additional Topics: Redeption Bus Safety
 Additional Topics: Upcoming Grandparents day scheduled.

Parent Comments/Input: Robert said that he feels HS will be a great experience for Ricky. He stated that Ricky will need extra help in the area of sharing.

TS GOLD Activities

There should be at least 4 activities taken into the home. Parents will select activities to use in the home and the teacher will be used in the classroom. (This does not apply to parents who are homebound.)

Home Activity 1) _____
 Home Activity 2) _____
 Classroom Activity 1) n/a
 Classroom Activity 2) _____

- 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)

Laura Bean
Staff Signature

8/15/16
Date

Robert Bobby
Parent Signature

8-15-16
Date