

Final

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: 5/5/17

Time: 1:00 pm

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 type="checkbox"/> Screening Results | <input 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: Head Start transition into Kindergarten
Additional Topics: Importance of attendance in Kindergarten
Additional Topics: _____

Parent Comments/Input: Robert said he was so proud of Ricky & how much he had learned this year.

TS GOLD Activities

There should be at least 4 activities taken into the home. Parents will select 2 activities to use in the home and the other 2 will be used in the classroom. (This does not apply to Parent/Teacher Conf. #1)

| | |
|-----------------------|--------------------------|
| Home Activity 1) | <u>ABC's & 123's</u> |
| Home Activity 2) | <u>One Foot</u> |
| Classroom Activity 1) | <u>N/A</u> |
| Classroom Activity 2) | <u>N/A</u> |

- 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

5/5/17
Date

Robert Bobby
Parent Signature

5/05/17
Date