

Head Start Conference Form

Parent Teacher Conference

Education Home Visit

Child's Name: _____

Center: _____

Conference Participants: _____
(Staff & Parents)

Meeting Information

Date: _____ *Time:* _____ *Duration:* _____

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)

- Screenings Results
- TS GOLD Results
- School Readiness
- DECA

- Classroom Events
- Child Health Information
- Attendance
- Parent Participation

Additional Topics: _____
Additional Topics: _____
Additional Topics: _____

Parent Comments/Input:

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) _____
Home Activity 2) _____
Classroom Activity 1) _____
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

Staff Signature

Date

Parent Signature

Date