

**HEAD START
PARENT MEETING MINUTES**

CENTER: _____

DATE: _____

MEETING CALL TO ORDER BY: _____

(CHAIRPERSON)

APPROVAL OF PRIOR MINUTES: _____

MOTION MADE BY : _____

SECONDED BY: _____

APPROVED: _____ DISAPPROVED _____

GUEST SPEAKER/ TRAINING INFORMATION

SPEAKER / TRAINER NAME: _____

SPEAKER / TRAINER TITLE: _____

TRAINING TOPIC: _____

FAMILY SERVICE REPORT

GIVEN BY: _____

COMMENTS: _____

TEACHER (S) REPORT

GIVEN BY: _____

COMMENTS: _____

POLICY COMMITTEE / POLICY COUNCIL REPORT

GIVEN BY: _____

COMMENTS: _____

OLD BUSINESS

NEW BUSINESS

NEW BUSINESS

PARENT COMMENTS SUGGESTION:

NEXT MEETING DATE: _____

ADJOURMENT

MOTION TO ADJOURN MADE BY: _____

MOTION SECONDED BY: _____

TIME MEETING ADJOURNED: _____