Head Start Conference Form **DED**ECTION Home Visit

☐ Parent Teacher Conference

| Child's Name: | Forrest Gu | lmp | Center: | Bean To | nwn |
|---|--------------------------------|---|-------------------------------|---------------------------------|--------------------|
| Conference Partic | cipants: Frank | Bundy | Tina | Turner | |
| (Staj) & Farents) | | Meeting Information | on 💮 | | |
| Date: <u>9-5</u> -24 | Time Started: 9'. | ODAM (Circle AM or H | PM) | Duration: 30 | minutes |
| Location of Meeting: | ☑Home □School | Other | | | · |
| Parent-Teacher Confere | | school. Ed. Home Vist ent location, please ex | | · | this meeting was |
| Screening R | Populfa | Items of Discussion (Check all that apply) | 3000/07 | Classroom Events | |
| ☐ TS GOLD I | Results | | , | Child Health Informa | ation |
| ☐ School Read | diness eacher Questionnaire | | | Attendance Parent Participation | |
| Additional Topics: Additional Topics: Additional Topics: | _ | f Attendance | | | · · · · · |
| Parent Comments/Inp | ut: | | | | |
| Frank Said F Sharine | orrest is en | joying School. | wants . | hum to to | us m |
| There should be at least 4 a Home Activity 1) Home Activity 2) | | TS GOLD Activition Home. Parents will select Government to Education Home Visit | ct 2 activities | to use in the home (I | his does not apply |
| Did parent receive a copy Did parent receive a copy Did parent receive a copy | of the Development | & Learning Report? coring Tool? | ☑Yes □N □Yes □N □Yes ☑N | lo WNA | |
| <u> In</u> | a Shru | <u>-</u> | | 9-5-24 | · |
| H | Staff Signature | 4. | | Date 8-5-24 | |
| | Parent Signature | | | Date | |

Head Start Conference Form

| - A Parent | Teacher Conference | <i>∐Edu</i> | cation Home Visit |
|--|--|--|---|
| Child's Name: | Forrest Gump | Center: | Bean Tom |
| Conference Partic | cipants: Frank Bund | cy Tina | Tuner |
| | Meeting 1 | Information 💮 | |
| Date: 11-13 7U | 1 2 | rcle AM or (PM) | Duration: 30 minutes |
| Location of Meeting: | ☐Home ☐School ☐Other _ | | |
| Parent-Teacher Confere | nces should occur at school. Ed. held at a different location | | ecur in the home. If this meeting was ason: |
| ☐ Screening R | (Check all | Discussion that apply) | Classroom Events |
| ☐ Screening N | | [| Child Health Information |
| School Read | | Ţ | ☐ Attendance |
| Brigance Te | eacher Questionnaire | Ţ | ☐ Parent Participation |
| Additional Topics: Additional Topics: Additional Topics: | Upcoming Parent 1 | Uesting | |
| Parent Comments/Inp | ** f. | | |
| | d. Coxect door | 101 000/0 4 | YAZI STAQUELLA |
| frame sou | a portest gras i | morried W | orn sname |
| TAMS. | | | |
| | ctivities taken into the home. Pares | D <u>Activities</u> Ats will select 2 activitie Home Visit #1) | s to use in the home (This does not apply |
| Home Activity 1) | How Many! | | |
| Home Activity 2) | We share this n | au | |
| Did parent receive a copy | of the School Readiness Goals? | □Yes □ | No DNA there. |
| | of the Development & Learning | , | No □NA |
| | of the Brigance III Scoring Tool | | No □NA |
| - · · | (score sheet from the Brigance we | ebsite) | |
| 4 | 1 | | 11-13-24 |
| | Staff Signature | | Date |
| \wedge | 1 . () | | 11-12-74 |
| <u> </u> | Parent Signature | | Date Date |

Head Start Conference Form ☐ Parent Teacher Conference *D*Education Home Visit Child's Name: Center: Conference Participants: (Staff & Parents) **Meeting Information** Time Started: 5:00 (Circle AM or RM) Duration: minutes ☐Home ☐School ☐Other _ Location of Meeting: 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 the reason: **Items of Discussion** (Check all that apply) Screening Results Classroom Events TS GOLD Results ☐ Child Health Information School Readiness ☐ Attendance ☐ Parent Participation ☐ Brigance Teacher Questionnaire 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 (This does not apply to Education Home Visit #1) nende Home Activity 1) Home Activity 2) Did parent receive a copy of the School Readiness Goals? □No

Did parent receive a copy of the Development & Learning Report? \square No Did parent receive a copy of the Brigance III Scoring Tool? □No □Yes (score sheet from the Brigance website)

Head Start Conference Form

| Firal Parent | Teacher Conference | ☐ Education Home Visit | |
|---|--|--|------------|
| Child's Name: | Forrest Grump | Centér: Blan Tonn | |
| Conference Partic (Staff & Parents) | Caca | dy Tha Turner | |
| | Meeting Ir | <u>iformation</u> | |
| Date: 4-3-24 | Time Started: 4.00 (Circ | cle AM or (M) Duration: 30 mini | utes |
| Location of Meeting: | □Home ☑School □Other | | |
| Parent-Teacher Conferen | nces should occur at school. Ed. 1 held at a different location, | Home Visits should occur in the home. If this mee please explain the reason: | eting was |
| | (Check all t | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Screening R | | Classroom Events Child Health Information | |
| School Read | | Attendance | |
| ☐ Brigance Te | acher Questionnaire | Parent Participation | |
| Additional Topics: Additional Topics: Additional Topics: | Last day of School | head stuf graduation | - - |
| Parent Comments/Inp | | | |
| Frank said | formest thes lean | ed so with this year | |
| There should be at least 4 as Home Activity 1) Home Activity 2) | to Education E | s will select 2 activities to use in the home (This does | not apply |
| Did parent receive a copy | of the School Readiness Goals? of the Development & Learning For of the Brigance III Scoring Tool? (score sheet from the Brigance web. | □Yes □No □NA | 4 lono |
| J. | Staff Signature | Date | |
| | Parent Signature | Date | • • • |