

Community Action of Southeast Iowa
Early Head Start

FIRST PARENT/TEACHER CONFERENCE CHECKLIST

Child's Name _____ Parent Name _____

Family Members Present: _____

P/T Conference Location &/or Results

- _____ On Site
- _____ Client's Home
- _____ Other Site (specify) _____
- _____ No Show

Visit Time Frame

Start Time: _____
End Time: _____

Mark best way to communicate with family:

- _____ Telephone
- _____ Personal Contact
- _____ Notes
- _____ Other: _____

REVIEW AND MAKE CHANGES IF NEEDED:

- _____ Review and verify **Parent Permission**
and **Consent** forms information

SCREENINGS (Share Information):

- _____ Brigrance
- _____ Hearing
- _____ Vision

UPCOMING CLASSROOM INFORMATION:

- _____ Family Engagement activities coming up or
check to see if parents would like to share
something with the children
- _____ Transition information (if applicable)

ASSESSMENT / CURRICULUM:

- _____ **School Readiness Goals**
- _____ Parents & Teacher share observations about child
- _____ Share **samples** of child's work
- _____ Share TS GOLD Family Conference form
- _____ Parent and Teacher develop goals for children
- _____ Share activity ideas for extra support at home
- _____ Share ReadyRosie

GOALS (create 1-2 goals with the parent that both of you can be working on):

BOLD = (handout and discuss)

Comments/Notes:

Participant Signature _____ Date _____

Staff Signature _____ Date _____

Copy of Checklist to: _____ Supervisor, _____ Child's File, _____ Parent (If goals are written on this form)

Copy of Conference Form to: _____ Parent, _____ Child's File