

Community Action of Southeast Iowa
Head Start

SECOND PARENT/TEACHER CONFERENCE CHECKLIST

Child's Name _____ Parent Name _____

Family Members Present: _____

P/T Conference Location &/or Results

Visit Time Frame

Mark best way to communicate with family:

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

Start Time: _____
End Time: _____

_____ Telephone
_____ Personal Contact
_____ Notes
_____ Other: _____

REVIEW AND MAKE CHANGES IF NEEDED:

_____ Review and verify Parent Permission
and Consent information
_____ Review and verify Kindergarten
Transition Release information

OTHER CLASSROOM INFORMATION:

_____ Discuss Kindergarten registration at local district
(if applicable)
_____ Discuss Kindergarten transition activities
(if applicable –field trips, etc.)
_____ Discuss Head Start re-application
(if applicable)

ASSESSMENT / CURRICULUM:

_____ Parents & Teacher share observations
about child's growth.
_____ Share samples of child's work
_____ Share DRDP Parent Report
_____ Parents & Teacher develop **1-2 goals** for child
_____ Share activity ideas for extra support at home
_____ Family Engagement – Is there anything parents would like
to share or do in the classroom in the upcoming weeks or months?

Comments:

Staff Signature: _____

Date: ____/____/____

Participant Signature: _____

Date: ____/____/____

Copy to: _____ Child's file; _____ Supervisor _____ Parent (*if goals are written on this form)