



Tri- County Community Council, Inc.
Head Start/Early Head Start
2499 Cypress St. Westville, FL 32464
(850) 548-9900 FAX (850) 548-5644

1st Parent Conference Cover Sheet

Child's Entry Date: _____ Conference Date: _____

Child's Name: _____ Parent/Guardian Name: _____

Information/Materials Shared:

- _____ Teaching Strategies GOLD Development and Learning Report (Fall)
- _____ Child's strengths in Social-Emotional, Physical, Language, and Cognitive Development
- _____ Child's strengths in Literacy and Mathematics Development
- _____ Plan for development and learning
- _____ Battelle Screening Results
- _____ Child's Participation
- _____ Discuss ASQ Parent Concerns (if applicable)
- _____ Portfolio Work Samples/Writing & Drawing Journals
- _____ Individualization (CIP)
- _____ Special Services (Speech Therapy, OT)
- _____ Learning activities and material shared with parent
(explain: _____)
- _____ Other (explain: _____)

Discussion and parent responses:

Parent/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Note: Teachers will use this cover sheet for the 1st Parent Conference along with Teaching Strategies Fall Parent Conference form.

Parent Conference will be completed virtual or by telephone. * (Applicable during a Pandemic or other catastrophic emergency only).

Complete this form in its entirety before filing in the education file. Inform parents/guardians of any additional follow-ups. Discuss any parent/guardian concerns at the next scheduled parent/guardian meeting and check for any additional concerns.