



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

## 2<sup>nd</sup> 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 (Spring)
- \_\_\_\_\_ Child's strengths in Social-Emotional, Physical, Language, and Cognitive Development
- \_\_\_\_\_ Child's strengths in Literacy and Mathematics Development
- \_\_\_\_\_ Plan for development and learning throughout the summer
- \_\_\_\_\_ Resources & TSG Learning activities
- \_\_\_\_\_ Child's Participation
- \_\_\_\_\_ Previous learning goals/accomplishments
- \_\_\_\_\_ 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:

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Teachers will use this cover sheet for the 2nd Parent Conference along with Teaching Strategies Spring Parent Conference form.**

**Parent Conference will be completed virtue 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.**