



Head Start

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

Parent Conference

Child's Entry Date _____ 1st Parent Conference _____ 2nd Parent Conference _____

Child's Name: _____ Date of Conference: _____

Parent/Guardian attending Parent Conference: _____

Information/Materials Shared:

- _____ Teaching Strategies GOLD/School Readiness/Learning Goal set for child
- _____ Child Participation/ Adjustment
- _____ Progress
- _____ Special Services (Speech Therapy, OT)
- _____ Individualization (CIP)
- _____ Portfolio Collection of Work Samples/ Writing & Drawing Journal
- _____ Other (specify) _____

Discussion of the child's participation and progress:

Parent response to conference and Head Start/Early Head Start Program:

Parent/Guardian goals for child: (must be achievable by following home visit and developmentally appropriate)

Parent/Guardian concerns:

(Discuss with parent/guardian your plan of next steps for addressing the concern. Document your discussion)

_____ No additional follow-up is needed _____ Yes, additional follow-up is needed, referred to: _____/_____

Name of Person receiving the parent concern information for addressing additional follow-up/Date

Parent/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Note: This Parent Conference form will be used for a 1st or 2nd conference when a child starts after the Fall or Spring checkpoint and a conference is due.

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.