



Head Start

"Building partnerships, changing lives"

Community Services of Northeast Texas, Inc. Parent Teacher Conference Form

Child's Name: _____

Head Start Classroom: _____ Date: _____ Time: _____

***Method of Parent/Teacher Conference:

- _____ Telephone
- _____ In Person (Scheduled)
- _____ In Person (Non-Scheduled)
- _____ Other: (Please Specify)

1 st Parent Teacher Conference	INITIAL/DATE	2 nd Parent Teacher Conference	INITIAL/DATE
Bus Safety/Yellow Certificate Yellow Certificate signed by parent and given to Campus Director/Family Services to place in child's file.		Progress Monitoring (CIRCLE ASSESSMENT) Give Copy to Parents and Give Copy to Campus Director/Family Service to place in child's file. Print Student Summary Wave 1/2/3	
Ages & Stages Discuss/If not completed have parents complete.		Discuss/Document Transition Children transitioning to kindergarten	
Developmental Screening		Discuss/Document Home Activities Give to children who are transitioning and returning student. (Activity from Circle Manual).	
Academic Progress/Social Skills		Academic Progress/Social Skills	
School Readiness Goals Discuss/Parent receive copy.			

Topic(s) of Discussion/Concerns:

Classroom Staff _____ Date _____

Parent/Guardian _____ Date _____