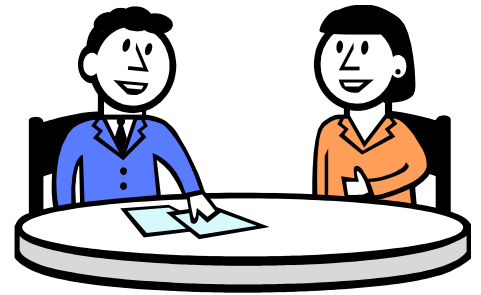


1st PARENT/TEACHER CONFERENCE CHECKLIST

0-3

Child's Name: _____
Date: _____
Met with: _____
Relationship to child: _____



Discussion Items:

First Parent Conference

- ___ Family Conference Form
- ___ Individual Child Profile (discuss school readiness goals)
- ___ ChildPlus Individual Child Report (5150)
- ___ Share Child Portfolio/Work Samples

Discussion of Completed Screenings (if applicable)

- ___ Brigance/ASQ Results
- ___ Truman Speech/Hearing Clinic Results (if applicable)
- ___ Vision Screening
- ___ Follow-up discussion of Rescreens/Referrals/IFSP information (if applicable)

Ask: Any questions or concerns? (Note below)

Teacher concerns: _____

Parent/Guardian concerns: _____

Check: ___ Are extra clothes needed? Or seasonally appropriate clothing needed?

Teacher Signature

Parent/Guardian Signature