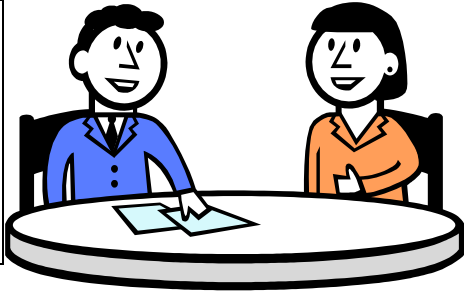


2ND PARENT/TEACHER CONFERENCE CHECKLIST 0-3

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



Discuss:

- _____ Family Conference Form (discuss school readiness goals)
- _____ Individual Child Report (checkpoints—winter)
- _____ ChildPlus Individual Child report (5150) (2 yo)
- _____ Journals/Portfolios (if desired)
- _____ Field Trip Volunteers
- _____ Classroom Volunteers

Discussion of completed screenings (if applicable at time):

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

Sign:

- _____ In-kind

Ask:

- _____ Any concerns or questions? (Note below)

Teacher concerns: _____

Parent concerns: _____

Check:

- _____ Are extra clothes needed? Do they need to be switched for cooler weather?

Teacher signature _____

Parent signature _____