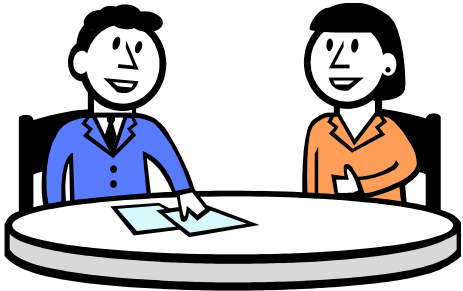


1st PARENT/TEACHER CONFERENCE CHECKLIST 3-5

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



Discussion Items:

First Parent Conference

___ Family Conference Form (discuss School Readiness Benchmarks)

___ Individual Child Profile

___ ChildPlus Individual Child Report (5150)

___ Share Child Portfolio/Work Samples/Journals

Discussion of Completed Screenings

___ Brigance/Dial 3/ASQ Results

___ Truman Speech/Hearing Clinic Results (if applicable)

___ Vision Screening

___ Follow-up discussion of Rescreens/Referrals/IEP 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