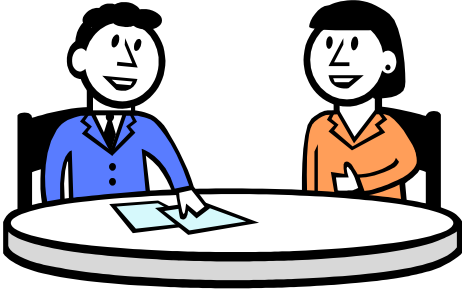


2ND PARENT/TEACHER CONFERENCE CHECKLIST 3-5

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



Discuss:

- _____ Family Conference Form (discuss School Readiness goals)
- _____ Individual Child Profile (checkpoints—winter)
- _____ ChildPlus Individual Child Assessment report (5150)
- _____ Journals/Portfolios
- _____ Field Trip Volunteers
- _____ Classroom Volunteers
- _____ Kindergarten Transition Plan (if applicable)

Discussion of completed screenings:

- _____ Brigance/ Dial 3/ ASQ Results (if applicable)
- _____ Truman Speech/Hearing Clinic Results (if applicable)
- _____ Vision Screening (if applicable)
- _____ Follow up Discussion of Rescreens/Referrals/IEP information (if applicable)

Handout:

_____ From Head Start to Kindergarten

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 _____