



# CEO Early Head Start/Head Start Virtual Home Visits and Parent Teacher Conferences Documentation

Child's Name: \_\_\_\_\_

Conference Participants: \_\_\_\_\_

(Staff and Family Members)

### MEETING INFORMATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Method of Communication: \_\_\_\_\_

Check here if scheduling attempts are documented on the back

Home Visit  Initial

Parent Teacher Conference  Fall or  Winter

### ITEMS OF DISCUSSION

- School Readiness- At Home Learning Activities
- Screening Results (ASQ, DECA)
- Child's Temperament
- Dual Language Learner

- Ongoing Child Assessments (GOLD)
- Classroom Events
- Parent Engagement
- Learning Genie
- Attendance

- Upcoming transition? Transition Plan:

### CHILD'S STRENGTHS

Tell me about your child, what do you see as his/her strengths? What are his/her interests? What are your goals for your child this year? Review and discuss current development levels as determined by screenings and assessments.

### SUMMARY OF DEVELOPMENT AND LEARNING

Describe child's strengths in social-emotional, physical, language, cognitive, literacy and math (use information from GOLD after initial home visit to share with families). For the initial home visit, you can discuss specific skills you will be covering or talk about specific skills the parent hopes the child learns. *Review Family Conference form from GOLD at fall and winter conferences.*

*Continued on next page*



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***INDIVIDUALIZED CHILD GOAL (shared at fall and winter conferences)***

***OTHER INFORMATION/COMMENTS***

\*Please answer the language questions if you were unable to have a winter conference or if this is also an initial home visit.

**What is the primary language spoken in the home?** \_\_\_\_\_

For the children whose primary language is English- are they acquiring/learning a new language in addition to English? Yes No

If yes, what additional language are they acquiring? \_\_\_\_\_

**Child's Favorite Activities/Toys:** \_\_\_\_\_

**Cultural or special traditions, celebrations, or activities:** \_\_\_\_\_

**Any speech, learning, behavior, or attention concerns:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Teacher Signature and Date

***DOCUMENTATION OF SCHEDULING ATTEMPTS***

Date Scheduled: \_\_\_\_\_ Cancelled by: \_\_\_\_\_ Reason Cancelled: \_\_\_\_\_

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