



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

Child's Name: _____

Conference Participants: _____

MEETING INFORMATION

Date: _____ Time: _____

Check here if scheduling attempts are documented on the back

Home Visit Initial or Winter

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 or end of year? *If yes, complete transition form.*

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. *If completing a transition plan, please write "see transition plan" below. You do not have to document in both areas.*

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.*

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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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Date Scheduled: _____ Cancelled by: _____ Reason Cancelled: _____

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