



CEO Early Head Start/Head Start  
Parent Teacher Conference Documentation

**Meeting Information**

Child's Name: Kate C Date: 12/15/25 Time: 2:15 pm  
Conference Participants: Ms. Christina, Ms. Nora and Wendy

**Summary of Child's Strengths**

Refer to the child's checkpoints and/or the Family Conference Form in Smart Teach and discuss the child's strengths in these domains: *Please write down the specific strengths discussed.*

Social Emotional Strengths: is able to take care of own needs

Cognition Strengths: able to act out imaginary scenarios - able to use props to stand for something else.

Language/Literacy Strengths: able to join in rhyming songs and games.

Physical Strengths: able to use refined wrist and finger movement.

Math Strengths:

can identify basic shapes (circle, square, triangle, heart and star)

**Screening Results- Please check box after each item is discussed:**

**ASQ (1<sup>st</sup> Parent Teacher Conference ONLY):** Our programs developmental screener. A screener is a brief, initial process to identify students who may need further evaluations. This screener looks at these areas of development: communication, gross and fine motor, problem solving and personal-social.

Was the ASQ result a referral? ☐ Yes ☒ No ☒ Family was given summary page from ASQ.

**eDECA:** Our programs social and emotional screener. A screener is a brief, initial process to identify students who may need further evaluations. This screener looks at these areas of social emotional skills: initiative, attachment/relationships, self-regulation, and behavior concerns. Behavior concerns are only rated for children above age 3.

Was the eDECA result a referral? ☐ Yes ☒ No ☒ Family was given strategies from eDECA.

Is the family interested in a referral (either special ed or mental health)? ☐ Yes ☒ No  
If yes, please inform your Center Manager and Family Advocate.

**Individualized Child Goal-** Use the above information and develop a goal for the child with the family.

work on taking turns with peers.

**Signatures**

Wendy 12/15/25  
Parent/Guardian Signature and Date

Christina 12/15/25  
Teacher Signature and Date

**Documentation of Scheduling Attempts**

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

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