



Elkhart & St. Joseph Counties Head Start Consortium

Site: _____ **Date:** _____

Facilitator: _____ **Length of Time:** _____

Please Circle: **Parent/Teacher Conf.** **Home Visit** **Virtual** **Site Meeting** **SAT Meeting** **Training:** _____

Please Print Information

<u>Child's Name</u>	<u>Parent Name</u>	<u>Site</u>	<u>Parents, Grandparents, Father Figure</u>	<u># Children</u>