



Elkhart and St. Joseph Counties Head Start Consortium
Parent/Teacher Conference Checklist
2021-2022

Child's Name: _____

Head Start Staff Introductions (talking points and documents needed)					
Explain Classroom and Teacher Expectations for Children					
✓	Develop Positive and Trusting Relationships				
✓	Supportive Educational and Social Needs				
✓	Bucket Filling/Safe Place				
✓	Pick up/drop off procedures				
✓	Attendance				
✓	Parent Participation (in-kind)				
Explain Assessment Data					
✓	Childs Strengths				
✓	Areas to work on, including Educational Resources/Activities				
✓	Overall Participation				
✓	DENVER, DECA, Medical Results, COR, and Portfolio				
Review and Update Individual Plan					
✓	Goals/Transitions				
✓	Activities				
Review Family and Head Start Agreement from Hand Book					
Re-Verify and Update Contact Information					
✓	Emergency Numbers				
✓	Update Contact Information - COS form				
✓	Medical Providers and Contact Information				
Communication					
✓	Assurance Phone Form				
✓	Best way to communicate:	Phone	Email	Text	Other: _____

Address Questions/Concerns Parent/Guardian May Have					
Parent/Teacher Conference Documentation					
✓	Signed and Dated (below)				
✓	Parent and Staff (below)				

VERIFICATION OF VISIT/VERIFICACIÓN de VISITA EN CASA

This is to verify that _____ met with teacher for a Parent/Teacher conference. 1st _____ 2nd _____
 (printed name of parent/guardian) (check one completed)

/Esto es para verificar que se encontró conmigo con el propósito de las conferencias.

Parent/Guardian Signature(s) _____
 (Firma[s] de Padre/Guardián)

_____ *Date / Fecha*

Staff Signature(s) _____
 (Firma[s] de Personal)

_____ *Date / Fecha*

Form of Communication, Note, Phone, in Person:

1st _____ **Date**

2nd _____ **Date**

3rd _____ **Date**

Items to take with you
P/T Conference Checklist
In-kind
Individual Plan
DENVER/Developmental Activities
DECA report
COR report/Portfolio
COS form
Assurance Wireless cell phone form
Screening Summary – 1 st only
Family Referral Form – if needed
Right to Refuse Services Form – if needed
Mailing to families:
Family Friendly Survey - 2 nd only

EHS/EHS CC Only
DENVER Rescreen/Developmental Activities
Developmental Milestones Rescreen
Mailing to families:
Educational Occupational Survey – EHS 2 nd only
Family/Teacher Relationship Parent Survey – EHS 2 nd only