



**Elkhart and St. Joseph Counties Head Start Consortium  
Parent/Teacher Conference Checklist  
2023-2024**

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

<b>Head Start Staff Introductions (talking points and documents needed)</b>	
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 Handbook	
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: _____

<b>Address Questions/Concerns Parent/Guardian May Have</b>	
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 a 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:

1<sup>st</sup> \_\_\_\_\_  
Date

2<sup>nd</sup> \_\_\_\_\_  
Date

3<sup>rd</sup> \_\_\_\_\_  
Date

<b>Items to take with you</b>
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 <sup>st</sup> only
Family Referral Form – if needed
Right to Refuse Services Form – if needed
<b>Mailing to families:</b>
Family Friendly Survey - 2 <sup>nd</sup> only

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