

ELKHART AND ST. JOSEPH COUNTIES HEAD START CONSORTIUM

HOME VISIT/PARENT-TEACHER CONFERENCE/SAT SCHEDULE

STAFF NAME(S): _____ ROOM #: _____

SITE: _____ SESSION: _____

DATE	TIME	HV/PT/ SAT Circle one	Father/ Father Figure Present	PARENT AND CHILD'S NAME	RESCHEDULE DATE/TIME	ADDRESS OF VISIT	KEPT (K) RESCHEDULED (RS) Circle one
		HV PT SAT	Y / N				K RS
		HV PT SAT	Y / N				K RS
		HV PT SAT	Y / N				K RS
		HV PT SAT	Y / N				K RS
		HV PT SAT	Y / N				K RS
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