

Elkhart & St. Joseph Counties Head Start Consortium Parent/Teacher Conference Checklist 2024-2025

Child's Name:	

Head	Start Staff Introductions (talking points an	d documents	needed)				
	Explain Classroom and Teacher Expectations for Children						
✓ ×							
✓	/ Supportive Educational and Social Needs						
✓.	Pick up/drop off procedures						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	✓ Attendance✓ Parent Participation (in-kind)						
Evnlai	Explain Assessment Data						
<u> </u>							
\ \ \ \	Areas to work on, including Educational Resources/Activities						
1	✓ Overall Participation						
✓	✓ DENVER, DECA, Medical Results, COR, and Portfolio						
Revie	Review and Update Individual Plan						
✓.							
√ Davie	✓ Activities						
	Review Family and Head Start Agreement from Handbook						
Re-Verify and Update Contact Information							
✓ ,							
\ \ \ \ \	 ✓ Update Contact Information - COS form ✓ Medical Providers and Contact Information 						
Comm	nunication						
√							
1							
				1			
Addre	ess Questions/Concerns Parent/Guardian N	/lay Have					
Paren	t/Teacher Conference Documentation						
✓							
✓	✓ Parent and Staff (below)						
ICATION OF V	ISIT/VERIFICACIÓN de VISITA EN CASA						
s to verify that	t met with a teach	er for a Parent/T	eacher conference. 1st _	2nd			
, , ,	(Printed name of parent/guardian)			one completed)			
es para verific	car que se encontró conmigo con el propósito de las	conferencias.	Itama ta tala				
			Items to tak				
t/Guardian Si			In-kind	anst			
[s] de Padre/	Guardian)		Individual Plan				
			DENVER 1st Only				
	DECA report						
	Date / Fecha COR report/Portfol						
			COS form				
ignature(s) _			Assurance Wireless ce	ell phone form			
[s] de Person	al)		Screening Summary – 1 st only				
-		<u></u>	Family Friendly Survey - 2 nd only				
-	 Date / Fecha		EHS/EHS CCP Or	nlv			
		Educational Occupational Survey – EHS 2 nd only					
of Communic	Communication, Note, Phone, in Person:		Family/Teacher Relationship Parent Survey – EHS 2 nd only				
<u>-</u>		Family Friendly Survey – EHS 2 nd Only					
	Date						
	 Date						
	Date						

Date