

**HIGHLAND RIM HEAD START
PARENT TEACHER CONFERENCE REPORT**

Child's Name: _____ Date of Visit: _____

Address: _____

Parent/Guardian's Name: _____ Telephone No.: _____

Topics of Discussion:

Parent Comments/Concerns:

Description of Visit:

Follow-up/ Referrals:

Additional Notes or Comments:

Have you had an opportunity to participate in the agency's Lending Library? YES NO

Teacher's Signature & Date

Parent's Signature & Date