

**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:

Was your family offered an opportunity to participate in the agency's Lending Library? YES NO

Is your family utilizing the Lending Library materials? YES NO

Are you participating in the Ready Rosie Curriculum? YES NO

Feedback: _____

Emergency Card reviewed? YES NO

Signatures and Date obtained on all paperwork? YES NO

Teacher's Signature & Date

Parent's Signature & Date