

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

Child's Name: _____ Date of Visit: _____

Address: _____

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

ITEMS TO BE DISCUSSED/COMPLETED:

_____ Lap: Birth to Kindergarten

_____ CP 3030 Report

_____ Parent Survey

_____ Referrals

_____ CP 1520 Emergency Report

_____ Lending Library

_____ Curriculum Input

_____ Record Release (2nd P/T Conference Only)

Parent Comments/Concerns:

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 Report (CP 1520) reviewed? YES NO

Signatures and Date obtained on all paperwork? YES NO

Teacher's Signature & Date

Parent's Signature & Date