

TMC Golden Crescent Head Start
First and Second Parent/Teacher Conference



Child's Name: _____ DOB: ____/____/____

Center: _____ Room: _____ Date: ____/____/____

Instructions: All staff will complete this form to document formal parent/guardian meetings with the child's teachers. All questions are to be addressed.

Conference Number (Circle One): 1 2 3

Areas discussed:

- | | | | |
|------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Health | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Family Involvement |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Disabilities | <input type="checkbox"/> Dental | |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other: _____ | | |

Comments: _____

Resources provided: _____

Follow-up Needed? () Yes () No

- Internal Referral Form
- External Referral Form
- Consent for Release/Request of Confidential Information
- Decline of Services

STAFF PRESENT:

1. _____
 2. _____
 3. _____
- _____

PARENT(S)/GUARDIAN(S) PRESENT:

1. _____
 2. _____
 3. _____
- _____

Staff Signature

Parent/Guardian Signature