

**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:

- | | |
|---|--|
| _____ TSG Developmental and Learning Report | _____ CP 1520 Emergency Report |
| _____ CP 3030 Report | _____ Lending Library |
| _____ Parent Survey | _____ Curriculum Input |
| _____ Referrals | _____ Record Release (2 nd 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