## 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:		
Parent Survey	CP 1520 Emergency Report Lending Library Curriculum Input Record Release (2 <sup>nd</sup> P/T Confer	rence Only)
Parent Comments/Concerns:		
Follow-up/ Referrals:		
Additional Notes or Comments:		
Was your family offered an opportunity to participa	te 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	