



Doña Ana County Head Start
Parent & Teacher Conference #2

- Home
- Center
- Other

Date _____ Center _____ Location _____

Child's Name: _____ Parent / Guardian's Name: _____

Discussion of:

- FCF / Individual Child Report (all checkpoint data finalized via GOLD).
- Procedure for returning to Head Start (if returning).
- Transition of children from Head Start (if leaving).
- Child's health / growth chart #2.
- Child's behavior at home and school.
- DAP responses utilized in the Head Start classroom.
- Parents as advocates for their child.
- Home learning activities given to parent(s) reflecting the child's area of need or area of enrichment, based on attainment of school readiness goals.
- Review the contents of the Transition Folder with Verification Form.

If child is returning to Head Start in the fall, no folder is needed.

Parent(s) comments/suggestions/questions:

Follow-up Needed: _____

Sent Redi-letter to: _____ Date _____

Teacher's Signature Date Date entered into ChildPlus

Translator needed and provided.
 I understand and agree with the content of this form _____ Date _____
Parent / Guardian Signature

Necesito traductor y se le proporcionó
 Yo entiendo y estoy de acuerdo con el contenido de esta forma _____ Fecha _____
Firma del Padre/Guardian