

**END OF YEAR CONFERENCE**  
**Education and Early Childhood Development and FPA Tracking Form**  
**This conference should be completed in the month of May.**

Date: \_\_\_\_\_ Child: \_\_\_\_\_

Center: \_\_\_\_\_ Staff at conference: \_\_\_\_\_

Others present at conference (including parent): \_\_\_\_\_

The following topics are to be discussed during the visit.

**Head Start staff, please place your initials on the line next to each topic, as it is discussed.**

**For teaching staff:**

- \_\_\_A. Using the *Change of Status form*, update address, phone number, emergency drop-off information, etc., as needed.
- \_\_\_B. Make a plan to review LAP-D reports with parent/guardian and/or provide reports to parent/guardian.  
Plan is: \_\_\_\_\_
- \_\_\_C. Complete the *Home Activity Plan* with the parent/guardian, leaving the original copy with the parent. The yellow copy goes in the child's center record. The pink copy goes to the Head Start office. Coordinate the *Home Activity Plan* with the child's transition to next year and the IEP goals, if appropriate.
- \_\_\_D. Share the appropriate information on the DECA screening results. If the child had a concern on the most current teacher questionnaire, note here what information was given to the parent and parent's comments or concerns.  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_E. Assist parent in completing the DECA parent questionnaire.
- \_\_\_F. Provide the parent/guardian with the summer activity calendar (which contains literacy activities.) Explain how to use the calendar.
- \_\_\_G. Discuss any nutritional concerns the parent/guardian may have.  
\_\_\_\_\_
- \_\_\_H. If the child will attend kindergarten this fall, review the *Transition to Kindergarten form* with the parent for accuracy. (This form should have been completed on enrollment. If the form was not completed then, make sure to get one.) Be sure to include the name of the school that the child will be attending, so that a health summary can be sent to that school.
- \_\_\_I. Note any other parent concerns or other topics discussed. \_\_\_\_\_
- \_\_\_J. For children receiving medicine, including fluoride, at the center, review the medication dosage and log with the parent. Note any parent comments: \_\_\_\_\_
- \_\_\_K. Give contents of portfolio to parent if child is going to kindergarten.

**For Family Partnership Assistants:**

- \_\_\_M. Give the *End of Year Health Summary Report* to the parent/guardian. Explain that this summarizes all the health, dental, developmental, and sensory screenings the child has had this past year. It also contains a record of the child's immunizations.
- \_\_\_N. FPA case management follow-up, if needed.
- \_\_\_O. For children going to kindergarten, make sure parent has received transition materials.

**If there are any matters, regarding this child, that require follow-up by the management team, please put on a tracking form and send to the appropriate management team member.**

Parent/Guardian Signature \_\_\_\_\_

Head Start staff: Please send the yellow copy (with the pink copy of the *Home Activity Plan* stapled behind) to the Head Start office. (Do not fax!) Keep the original in child's center file.

**Remember to enter the date of the conference on the teacher checklist.**