

# FIRST CONFERENCE

## Education and Early Childhood Development Tracking Form

(First Conference to be held with parent/guardian within 75 days of enrollment, after the LAP, Fluharty and all health screenings are completed, and the LAP D computer handouts are available for sharing with the parent/guardian.)

CHILD'S NAME \_\_\_\_\_ CENTER \_\_\_\_\_  
DATE \_\_\_\_\_ OF \_\_\_\_\_ CONFERENCE \_\_\_\_\_ STAFF \_\_\_\_\_ AT \_\_\_\_\_  
CONFERENCE \_\_\_\_\_  
OTHER PEOPLE PRESENT \_\_\_\_\_

The following topics are to be discussed during this conference.

Teaching staff are to place their initials on the line provided by each topic, as it is discussed with the parent/guardian.

- \_\_\_ A. Using the *Change of Status* form, update the address, phone number, emergency drop-off information, etc., as needed.
- \_\_\_ B. Review with the parent/guardian the *Fluharty* (speech and language) screening results, if not discussed on screening day.
- \_\_\_ C. Review with the parent/guardian the report of mastered skills & skills ready to be learned along with the age equivalent score sheet. Give the parent/guardian the original copy.
- \_\_\_ D. Complete the *Home Activity Plan* with the parent/guardian. See procedure for *Home Activity Plan*. Original copy to the parent/guardian. Yellow copy in child's center file. Pink copy to HSO.
- \_\_\_ E. Give the parent/guardian the *Literacy Handout* which contains information about your local public library. Review with the parent/guardian the information about the public library.
- \_\_\_ F. Review with the parent/guardian the results of these screenings: (initial as discussed) \_\_\_ hearing, \_\_\_ vision, \_\_\_ physical examination, \_\_\_ dental exam, if completed.
- \_\_\_ G. If the child has been referred for further evaluation from any screening, discuss with the parent/guardian the progress of the referral follow-up.  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ H. For children who are receiving or have received medication (including fluoride tablets) in the center, review the status of the medication. If the child is currently receiving medication at the center which is administered by Head Start employees, review the medication dosage and the medication log with the parent/guardian. Any comments: \_\_\_\_\_
- \_\_\_ I. Share the appropriate information for the DECA screening results. (Provided by Carolyn Cole.)  
Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ J. Request parent participation in program or suggestions in regard to curriculum.
- \_\_\_ K. Please note here any parent/guardian comments, general concerns, or other topics discussed which were not mentioned above.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please send the yellow copy to the Head Start office. (Do not fax!) Keep the original in the child's classroom file.  
REMEMBER TO ENTER THE DATE OF THE CONFERENCE ON THE TEACHER CHECKLIST.