E-400

Home Visits & Parent Conferences

Child's Name:_____

Conference Participants:_____
(Staff & Parents)

MEETING INFORMATION

Date: _____ **Time:** _____ **Duration:** _____.

☐ **Home Visit** – Home visit must be conducted in the child's home. **1st or 2nd** (circle one)

☐ **Parent Conference** – Can be in classroom or where the parent wants to meet. **1st or 2nd** (circle one)

ITEMS OF DISCUSSION

(Check all that applies)

☐ **School Readiness**	☐ **PALS**	☐ **Policies & Procedures**
☐ **Family COR report**	☐ **Ages & Stages Questionnaire**	☐ **Classroom Events**
☐ **Family Goals/Partnerships**	☐ **Child's Health Information**	☐ **Other:**
☐ **Transition Plan**	☐ **Attendance**	
☐ **Pedestrian & School Bus Safety**	☐ **Parent Participation**	

CHILD'S STRENGTHS

Tell me about your child, what do you see as his/her strengths? What are his/her interests? What are your goals for your child this year? Review and discuss the child's current development levels (as determined by screenings, assessments, classroom and home observations).

Date Child is Expected to Transition Out:
We discussed Transition plans for the child: ☐ YES ☐ NO
☐ Continuing HS/EHS ☐ Enrolling in Pre-k ☐ Undecided ☐ Kindergarten

CHILD'S HEALTH INFORMATION

Any health concerns (Include plans for any health screenings the child needs).

FAMILY STRENGTHS & GOALS

Discuss family goals, what is the family's progress on current goal(s)? If goals are achieved, discuss new goals for family.

Other Comments

I received or have a copy of KCI's Parent Handbook and Resource Guide: ☐ YES ☐ NO

_____ _____ _____
Parent's/Guardian Signature **Teacher's Signature** **Date**