

Parent – Teacher Conference 1

Child's Name: _____

1. Discuss any concerns from the 45 day developmental & behavioral screening results, if necessary.
2. Discuss child progress monitoring results - BOY GOLD Assessment, if available.
3. Share upcoming events and volunteer opportunities.
4. Discuss questions and concerns parent may have.
5. Complete Family Input to the Classroom Curriculum form.

Please choose three school readiness goals or develop new goals that you are interested in for your child.

<p><u>Social Emotional</u></p> <p><input type="checkbox"/> Manages feelings <input type="checkbox"/> Follows limits and expectations</p> <p><u>Physical Development</u></p> <p><input type="checkbox"/> Demonstrates traveling/balancing skills (runs, hops, skips, jumps, balances on one foot) <input type="checkbox"/> Uses fingers and hands to perform tasks (painting, cutting, throwing, catching)</p> <p><u>Cognitive</u></p> <p><input type="checkbox"/> Solves problems <input type="checkbox"/> Makes connections to the world around them</p>	<p><u>Literacy</u></p> <p><input type="checkbox"/> Writes name <input type="checkbox"/> Identifies and names letters</p> <p><u>Mathematics</u></p> <p><input type="checkbox"/> Connects numerals with their quantities <input type="checkbox"/> Compares and measures</p> <p><u>Language Development</u></p> <p><input type="checkbox"/> Uses an expressive vocabulary <input type="checkbox"/> Engages in conversation <input type="checkbox"/> Retell stories</p>
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Goal Developed By Parent/Guardian OR Additional Comments As Needed: _____

Parent/Guardian Signature _____

Date _____

Teacher Signature _____

Date _____

Reschedule (#1) Date/Time: _____	Teacher Initials _____
Reschedule (#2) Date/Time: _____	Teacher Initials _____
Attempt #3 (Phone Conference) Date/Time: _____	Teacher Initials _____