emale Parent/Guardian Present Male Parent/Guardian	n Present	Education Service Center, Region 20 Head Start Program
Teacher Home Visit 2		
Child's Name:		
Teacher Agenda:		
Review child goals set at Parent - Teacher child.	Conference 1 a	nd discuss progress made by the
2. Discuss child progress monitoring results -	MOY GOLD ass	sessment, if available.
<ol> <li>Share upcoming events and volunteer opportunity</li> </ol>	ortunities.	
4. Discuss questions and concerns parent ma	y have.	
5. Complete Family Input to the Classroom Cu	urriculum form.	
Additional Comments, if needed:		
Parent/Guardian Signature	Date	
Teacher Signature	 Date	

FSA/Staff Signature

Date