



SECOND PARENT TEACHER CONFERENCE/ DEVELOPMENTAL PROGRESS (EHS)



Child's Name: _____

Date of Birth: ____ / ____ / ____

Site: _____

Date: ____ / ____ / ____

Father/father figure participated? Yes No

This form describes your child's developmental progress in achieving school readiness goals in the following DRDP domains:

- Approaches to Learning-Self Regulation (ATL-REG)
- Social & Emotional Development (SED)
- Language & Literacy Development (LLD)
- Cognition (COG)
- Physical Development-Health (PD-HLTH)

Reviewed the Learning Genie Portfolio and shared work samples with the parent/guardian? Yes No

Provided parent/guardian with the Learning Genie Child Report? Yes No

Areas of strength discussed with parent:
(Select measures with high ratings)

Parent/Guardian(s) feedback:

Areas child is currently working on:
(Select measures with low ratings or related to ASQ-3/SE concerns)

Parent/Guardian(s) feedback:

Goals for the child: _____

Progress on IFSP goals (if applicable): _____

Suggestions for Action:

Teaching staff can do in the classroom:

Parent/Guardian(s) can do at home:

For families with a child over 24 months:

- If the Transition Planning Meeting has occurred, remind the parent/guardian to complete a Head Start application or provide an update on transition opportunities.
- If the Transition Planning Meeting has not yet occurred, explain the transition process to the parent/guardian.

Print Parent/Guardian Name

Parent/Guardian Signature

Print Staff Name/Title

Staff Signature