



# FIRST PARENT TEACHER CONFERENCE/ DEVELOPMENTAL PROGRESS (HS)



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 in the following DRDP domains:**

- Approaches to Learning-Self Regulations (ATL-REG)
- English-Language Development (ELD)
- Social and Emotional Development (SED)
- Cognition, Including Math and Science (COG)
- Language and Literacy Development (LLD)
- Physical Development-Health (PD-HLTH)

Review the Parent Progress Report with the parent/guardian and explain the meaning of the different domains. Review the Child Progress Report to discuss the individualized areas of strength and those he/she is currently working on.

Introduced the Learning Genie Portfolio and shared work samples with the parent/guardian

Reviewed "Watch Me Grow at Home" completion history

Parent/guardian signed, and received copies of, Child and Parent Progress Reports

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

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian(s) feedback:

\_\_\_\_\_  
\_\_\_\_\_

Areas child currently working on:  
(Select measures with low ratings or related to ASQ-3/SE:2 concerns)

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian(s) feedback:

\_\_\_\_\_  
\_\_\_\_\_

Goals for the child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Focus for IEP Goals (refer to IEP Support Plan):

N/A

\_\_\_\_\_  
\_\_\_\_\_

Suggestions for Support: Teaching staff can do in the classroom:

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Parent(s) can do outside of the classroom:

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Have you had the opportunity to participate in family engagement activities or trainings in the classroom, at the site, or for agency?  Yes  No

- If yes, which ones and how was your experience?
- If no, please share why not.

Reviewed child's attendance history: (Refer to PROMIS Year to Date Absence Reason Report)

# Best Interest Days used: \_\_\_\_\_ #Unexcused Absences: \_\_\_\_\_ #Total Absences: \_\_\_\_\_

For child who is transitioning to Transitional Kindergarten or Kindergarten:  N/A

- Have you completed your TK/Kindergarten or related application?  Yes  No
  - If yes, where? \_\_\_\_\_
  - If no, how can we assist you? \_\_\_\_\_
- Reviewed the related activities from the TK/Kindergarten Transition Checklist.

Additional Comments:

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\_\_\_\_\_  
Print Parent/Guardian Name

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

\_\_\_\_\_  
Print Staff Name/Title

\_\_\_\_\_  
Staff Signature