

Headlines From Home

Child's Name _____ Child's Current Age _____ Date _____

Your Name _____ Your Relationship to the Child _____

1. What are your child's favorite activities at home?

2. What are some of your child's strengths?

3. Do you feel that the developmental needs of your child are being met?

4. Do you presently have any concerns about your child that you would like to discuss?

5. Is there anything away from our setting that may be affecting your child's behavior?

6. What learning and growth goals do you have for your child (short-term and/or long-term)?

7. Please list other topics or questions you would like to talk about.