

# Family Conference & Educational Goal Setting Form

## Sample Form

Child's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Assessment and Developmental Screening Results reviewed:

---

---

---

Information shared about child's progress:

---

---

---

Portfolio shared with the family: Yes  No

Questions/Concerns from family members:

---

---

---

IEP/IFSP (if applicable) information provided:

---

---

---

School Readiness/Educational Goals created and reviewed (attached form): : Yes  No