

# PARENT CONFERENCE FORM

Child \_\_\_\_\_ Date & Time \_\_\_\_\_

## Strengths

- |   |   |
|---|---|
| <input type="checkbox"/> Gets along with other children | <input type="checkbox"/> Is a leader                          |
| <input type="checkbox"/> Thinks creatively              | <input type="checkbox"/> Willing to try new/different things  |
| <input type="checkbox"/> Is artistic                    | <input type="checkbox"/> Solves problems independently        |
| <input type="checkbox"/> Displays good sportsmanship    | <input type="checkbox"/> Makes suggestions, shares ideas      |
| <input type="checkbox"/> Is athletic                    | <input type="checkbox"/> Participates in a variety activities |
| <input type="checkbox"/> Listens well                   | <input type="checkbox"/> Enjoys cooking                       |
| <input type="checkbox"/> Shows respect toward children  | <input type="checkbox"/> Helpful to the staff                 |
| <input type="checkbox"/> Shows respect toward staff     | <input type="checkbox"/> Displays feelings appropriately      |
| <input type="checkbox"/> Helpful to other children      | <input type="checkbox"/> Communicates effectively             |
| <input type="checkbox"/> Enjoys exploring nature        | <input type="checkbox"/> Takes on challenges                  |
| <input type="checkbox"/> Has a positive attitude        | <input type="checkbox"/> Completes tasks                      |
| <input type="checkbox"/> Asks for help                  | <input type="checkbox"/> Works well in a team                 |
|   | <input type="checkbox"/> Explores through dramatic play       |

## Comments/Concerns:

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## Parent Concerns:

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