

Comprehensive Parent Staff Conference Form For **Comprehensive de Conferencia de Padre y Personal**

Child's Name: Pedro Estevan Classroom: Fish Lake Date: 2/5/10
 Nombre del Niño: Pedro Estevan Salón de Clase: Fish Lake Fecha: 2/5/10

I. Internal Referral Referencia Interna	
Area of Concern/Date Area de Preocupación/Fecha	communication/social-emotional
III. Health Status Estado de Salud	
Health Summary reviewed with Parent Resumen de Salud repasado con Padres x yes/ si 9 no/ no Dental Follow up scheduled Insurance Status Estado de Aseguranza On OHP	
III. Infant/Preschool Screen Examen Preescolar/Infante	
Type and Date Tipo y Fecha ASQ 8/25/09; DECA 10-10-09; ASQ-SE completed at enrollment (7/19/09)	
IV. Child Assessment Evaluación del Niño	
Type and Date Tipo y Fecha Portage 10/10/09, 12/3/09 Outcome Measures 10/30/09, 1/10/10	
V. Child's Strengths: Fuerzas del Niño:	
<ul style="list-style-type: none"> gross motor skills improved expressive and receptive communication skills improved social skills improved fine motor skills 	
VI. Things to learn at home and school Cosas para aprender en el hogar y al escuela	
<ul style="list-style-type: none"> continue to work on receptive language skills, increasing vocabulary, and increasing his attention and focus on a given task. Continue to talk about schedules routines – use visual schedule to familiarize with daily routine and to help prepare for transitions. Letter recognition 	
VII. Special Needs Necesidades Especiales	
Developmental Considerations Consideraciones de Desarrollo	Communications and social/emotional
Social-Emotional Considerations Consideraciones Sociales-Emocionales	Is hesitant about changes, finds it difficult to transition between activities and to interact with peers
External Referral Referencia Externa	10/5/09
IFSP and/or Guidance Plan IFSP y/o Plan de Guía	11/12/09
Transition Transición	N/A
VIII. Classroom Attendance Asistencia a Salón de Clase	
Total days/total possible	Total de Días/total posibles
56/77	Comentarios 73% attendance. An attendance plan is in place.
IX. Home Visit Attendance Asistencia de Visita en Hogar	
# completed/# to complete	# completado/# por completar
1/1	Comentarios 1 st Education Visit completed on 8/25/09
XII. Family Partnership Agreement Acuerdo de Asociación Familiar	
Assessment Evaluación	completed 9/15/09 f/u 11/17/09
FPA Goals Written FPA Metas Escritas	9/15/09 – Basic needs
Health/Dental FPA Goals FPA Metas de Salud/Dental	Health Appraisal completed 10/11/09 Dental Exam completed 10/25/09
9 yes/ si	9 no/ no
FPA Follow up FPA Continuación	11/17/09
Emergency/Crisis Emergencia o Crisis	utilities issue addressed to prevent power being shut off
XII. Permission to share information with the next school (good for one year) Permiso para compartir información con escuela siguiente (bueno por un año)	
Parent signature/date Firma del padres/fecha	<u>Juanita Estevan 2/5/10</u>