

☐ 1st School Readiness HV ☐ 2nd School Readiness HV
☐ 1st P/T ☐ 2nd P/T ☐ Other

FS/PE 17a

LOC ID _____

**Lower Columbia College Early Head Start
TPP Education Family Contact Form**

Child's Name: _____ Date: _____

Who was present? _____ Location: _____

Review of Last Week's Focus:

School Readiness/Child Development:

Screenings/DRDP Checkpoints:

Parent Handouts/Materials/Educational Activity:

Observations/Parent/Child Interaction:

☐ Language ☐ Problem-Solving ☐ Self-Help ☐ Social/Emotional ☐ Gross Motor ☐ Fine Motor

Parent Input for Next Visit/Classroom/Ideas for PACT-Time:

Parent/Guardian Signature: _____ Date: _____

Distribution: White – Parent

Yellow – Site File

(C: 03/98; R: 07/25)

Checked for Accessibility: GM, ECR, 08/10, Adobe Acrobat Accessibility Checker