



HEAD START

Tri-County Community Council, Inc.
301 North Oklahoma Street, Bonifay, FL 32425
(850) 547-3688 FAX (850) 547-0513 TDD (850) 547-9505

PARENT STAFFING CONFERENCE FORM

A. Child's Name _____

B. Dates and Type of Staffing _____

C. Total Number of Attendance. Please identify each by name and title.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

D. Were parents or guardians in attendance? If not, Please explain.

E. Who conducted the staffing? _____

Summary of the Staffing Conference:

