**Head Start / GSRP**

**Parent Meeting / Advisory Committee Report**
**and CFD Events Sign In Sheets**

 **Date: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_a.m. p.m. Circle one: Parent Meeting or Parent Advisory**

**Meeting Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head Start Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Parent Welcome - Inclusion activity, using YJT, 10-15 min**

**2. Policy Council - First meeting:** Election of Policy Council Representative and nominate interested Community Representative. Show Policy Council Video; Share Policy Council Job Description. If possible, as a past Policy Council Representative to share their experiences, purpose and role of being a Policy Council Rep; Share the time and date of Policy Council; Complete Elected Policy Council Positions Form. **Following Meetings:** Present Policy Council updates/notes.

**3. Parents discussion:** What’s great? How could we make it better? Suggestions for the future? Show families the parent/guardian suggestion box.

**4. Discuss Family Engagement interests and opportunities for the year**. Have Your Journey Together available to discuss and for parents to view. Refer to the CFD Family Engagement Activities Guidance and Resources.

**5. PAC Requirement: (1 GSRP Parent required for meeting.)** School Readiness / Child Outcome data—Sharing by Teacher/Provider. Transitioning to Kindergarten activities; discussion about formal transition activities; and parent sharing about what families can do at home through the year to prepare their child for kindergarten. **Please note YJT Parent Handouts; 3.2, My Child Is Unique is great for reflecting and preparing for transitions.**

**6. PAC Requirement:** CLASS and PQA Goal Sharing (Teachers will Provide & Present this information - There is a Power Point available for teachers to use for PAC meetings)

**7. In Kind**: In Kind Opportunities, Learning Genie, Multi-Cultural Experiences, Volunteer Ideas, Scheduling (Ways to be involved in the classroom.)

**8. Classroom announcements, resource sharing, upcoming Family Engagement, Workshops and community events and resources:**

**Respectfully submitted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Staff Signature)
**Distribution**: Teacher / FES saves and emails notes & sign-in to ED Coach., SS, FES Supervisor & DMT—Chris Welton

Rev 8/23  EHS HS Team\ Family Engagement \Family Events\ HS & GSRP Parent Advisory Committee Report, workshops & CFD Sign in sheets

**Sign In Sheet for HS/Blended/GSRP Open House & Health Days**

**PARENT ATTENDANCE / Sign-In Sheet Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff/Sign In:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event’s Total Hrs.: \_\_\_\_\_\_**

**Event: (circle one) Open House Health Dept**

 **Parent/Adult Signature** **Enrolled Child First and Last Name Total**   **Total**  **Travel Time Mileage**

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 **8/23 Distribution**: Teacher / FES saves and emails notes & sign in to ED Coach., SS, FES Supervisor & DMT—Chris Welton

**Sign In for EHS Families attending a HS Family Engagement or Workshop**

**PARENT ATTENDANCE / Sign-In Sheet Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff/Sign In:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Event’s Total Hrs.: \_\_\_\_\_\_**

**Event: (circle** **one) Family Engagement Workshop Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

   **Enrolled Child**  **EHS or**   **Parent/Adult Signature First and Last Name**  **HS Travel Time Mileage**

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**8/23 Distribution**: Teacher / FES saves and emails notes & sign into ED Coach., SS, FES Supervisor & DMT—Chris Welton

 **Sign In for HS/Blended/GSRP Parent Meetings/Advisory,**
**Family Engagement & Workshops**

**PARENT ATTENDANCE / Sign-In Sheet Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff/Sign In:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Event’s Total Hrs.: \_\_\_\_\_\_**

**Event: (circle one) Family Engagement Event Parent Mtg Parent Advisory Mtg Workshop**

 **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

  **Parent/Adult Signature** **Enrolled Child First and Last Name**

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