



Georgia's Pre-K Program Follow Up Conference Form

Student Name: _____

Program Name: _____

Date: ____ / ____ / ____

Review of Progress:

If acceptable progress was made, list the next steps (maintain implemented strategies, slowly reduce accommodations, focus on a new skill or behavior, etc.)

If acceptable progress was not made, list outside resources that will be contacted by the Pre-K program or the family (Pre-K consultant, resource and referral agency inclusion coordinator, school system, private providers in the community, etc.).

Continue with the original skill and or behavior or select a new one when appropriate. List the strategies and documentation method.

Skill or Behavior	Strategy	Type of Documentation

Conference Members (Signatures)

Relationship to child (mother, teacher, etc.)

Date of follow-up conference: ____ / ____ / ____

Follow-up Conference #: _____