



Sacramento City Unified School District  
**Child Development Department**  
**PARENT MEETING AGENDA AND MINUTES**

Site: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

**Required Topics:** Pedestrian Training (Required with the 1<sup>st</sup> 30 days), Policy Committee Report (Required monthly) Child Development, Curriculum, Oral Health/Nutrition/Safety, Language/Literacy Development, Behavior Management/Child Abuse, Community Resources, Special Needs, Kindergarten Readiness/Transition (In the order determined by Parent Surveys and the Family Worksheet)

Please Check Program and/or Activity		
<input type="checkbox"/> Head Start <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Wrap <input type="checkbox"/> Full Day <input type="checkbox"/> Early Head Start	<input type="checkbox"/> State <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Raising A Reader Workshop 1      2      3      4	<input type="checkbox"/> Home-Based Socialization <input type="checkbox"/> Museum Style

▪ **PC/PAC Report (Mandatory) Given By:** \_\_\_\_\_

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▪ **Parent Meeting Topic:** \_\_\_\_\_ **Presented by:** \_\_\_\_\_

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▪ **Classroom Business/Parent Input/Open Discussion:** \_\_\_\_\_

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**ORIGINAL COPY – Classroom File      YELLOW COPY – Parent Advisor**