



Family and Community Partnerships Annual Conferences

Program/Provider: _____

Date: _____

Required for Level 2:

Date conferences were offered/held including day(s), month, and year:

Number of families that participated:

Describe your desired goals/outcomes for holding conferences:

Describe how children in your program are assessed and how you share that information with families:

Describe an outcome for a child/family that was a result of information shared at family conferences (can submit more than 1 example):

Required for Level 5 ONLY for centers and preschools serving 4-year-old children:

Date second annual conference was offered/held including day(s), month, and year:

Number of families that participated:

Describe additional outcome for a child/family that was a result of information shared at the second conference offered: