Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a.m. p.m.

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

1. **Parent Welcome**:
2. **Policy Council-** Present Policy Council updates/notes and upcoming dates.
3. **Parents discussion:** What’s great? How could we make it better? Suggestions for the future?
* Point out the parent suggestion box. (ideas / questions):

1. Discuss Family Engagement/Socialization interests and opportunities for the year:
2. School Readiness supports: Suggested activities/actions to be implemented in the socialization to support transitions to preschool.

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

 (Parent/Staff Signature)

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

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event’s Total Hrs.: \_\_\_\_\_\_

Event: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If this event is held during a socialization, do not record time and miles

 Enrolled Child Round Trip Round Trip

Parents/Adult Signatures First and Last Name Miles Time

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