

Initial Parent Session Notes “Journey Meeting”

Child’s Name: _____

Date: _____

Caregiver(s)/Parent(s): _____

1. Strengths & Favorites

What have you noticed to be your child’s strengths or identified as a favorite/preferred activities so far?

Notes:

2. Areas for Support

Thinking back to last school year, what areas or skill, if any, did you recognize as a needed area of support for you child?

Notes:

3. Check-In

What do you think has worked well or benefited for your child’s learning experience—at home and/or at school?

Notes:

4. Informal Observation

*Observed area of strength in the classroom: [_____].
Has this been something you’ve noticed in school or at home? (make note of caregivers response and respond with appropriate open-ended follow-up question)*

Notes:

5. Growth Focused

When you imagine the end of [grade level], what would you love to see your child doing or feeling confident about? (give examples related to language, academics, social-emotional, personal milestone, advocacy etc.)

Notes:

6. Support from Teacher

What would be helpful from me, as the teacher of the deaf, to best support your child and your family this year? (Give examples referring to informing, collaborating, coaching & co-constructing)

Notes:

Fill out during or after session to reflect on conversation.

Key Goals	Next Steps

Comments
