|  |  |  |  |
| --- | --- | --- | --- |
| Center Name: |  | | |
| Director Name: |  | VPK Class: |  |
| Assessment Period: |  | Meeting Date: |  |

**EACH VPK CLASSROOM WILL HAVE A VPK ASSESSMENT MEETING**

|  |  |
| --- | --- |
| **SIGNATURES OF STAFF PRESENT** | |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **DISCUSSED** | **ITEMS TO ADDRESSED/AGENDA** | **NOTES** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TIME FRAME FOR COMPLETION** |  | **CLASSROOM IMPLICATIONS OF ASSESSMENTS** | **NOTES** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ADDITIONAL COMMENTS: | | | |