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| Center Name: |  | | |
| Director Name: |  | Date: |  |
| Staff Name: |  | Position: |  |

**MEETING SHOULD BE BASED UPON THE TWO MOST RECENT BI-WEEKLY OBSERVATIONS WITH ONE MEETING PER MONTH OCCURING FOR EACH VPK STAFF MEMBER**

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| **DATE OF OBSERVATION** | **OBSERVATION TOOL USED** | **STAFF INITIALS** |
|  | Alphabetic Knowledge & Mathematical Thinking  Language Development & Phonological Awareness |  |
|  | Alphabetic Knowledge & Mathematical Thinking  Language Development & Phonological Awareness |  |

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| **DISCUSSED** | **ITEMS TO ADDRESS/REFLECT UPON** | **NOTES** |
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| **TIME FRAME FOR COMPLETION** | **GOALS AND/OR SUGGESTED TRAININGS** | **NOTES** |
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| ADDITIONAL COMMENTS: | | |