List school district name here  
 Parents as Teachers Missouri Curriculum Partner

Insert your school district logo here

**GROUP CONNECTION PLANNING GUIDE, RECORD AND SIGN-IN SHEET**

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| **PLANNING GUIDE** | | | | | |
| DATE | TIME | | | LOCATION | |
| PRESENTER(S) | | | | TARGETED AGES OF CHILDREN | |
| AREAS OF EMPHASIS | | | | | |
| DESCRIPTION | | | | | |
| INTENT: WHAT WILL WE FOCUS ON AT THIS GROUP CONNECTION? | | | | | |
| TOPICS AND KEY POINTS OF INFORMATION FROM HOME VISITOR RESOURCES AND OTHER SOURCES | | | | | |
| LEARNING ACTIVITIES | | | | | |
| PARENT HANDOUTS | | | | | |
| OTHER MATERIALS | | | | | |
| **GROUP CONNECTION RECORD** | | | | | |
| 1. LIST KEY SUCCESS FROM THIS ACTIVITY | | | | | |
| 2. LIST CHANGES FOR IMPLEMENTATION FOR FUTURE | | | | | |
| 3. NUMBER OF FAMILIES IN ATTENDANCE | | |  | | |
| **GROUP CONNECTION SIGN-IN SHEET** | | | | | PAGE \_\_\_\_\_\_ OF \_\_\_\_\_\_ |
| GROUP CONNECTION TITLE | | | | | DATE OF GROUP CONNECTION |
| pARENT(S)/Guardian(s) – fIRST AND lAST nAME | | cHILD(REN) – fIRST AND LAST NAME | | | PROVIDE AN Email or phone number IF YOU ARE INTERESTED IN ADDITIONAL SERVICES |
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| *(MAKE ADDITIONAL COPIES AS NEEDED)* | | |
| **GROUP CONNECTION SIGN-IN SHEET** | | PAGE \_\_\_\_\_\_ OF \_\_\_\_\_\_ |
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