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

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

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

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| **DISCUSSED** | **ITEMS TO ADDRESSED/AGENDA** | **NOTES** |
| [ ]  |       |       |
| [ ]  |       |       |
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| **TIME FRAME FOR COMPLETION** |  | **CLASSROOM IMPLICATIONS OF ASSESSMENTS** | **NOTES** |
|       | [ ]  |       |       |
|       | [ ]  |       |       |
|       | [ ]  |       |       |
|       | [ ]  |       |       |
| ADDITIONAL COMMENTS:       |