

Teacher\_\_\_\_\_

**PARENT-TEACHER CONFERENCE  
EVALUATION FORM**

Subject\_\_\_\_\_

Number of Conferences held Tuesday-	1 <sup>st</sup> Day _____
Thursday-	2 <sup>nd</sup> Day _____

Subject\_\_\_\_\_

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Thursday-	2 <sup>nd</sup> Day _____

Subject\_\_\_\_\_

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Thursday-	2 <sup>nd</sup> Day _____

Subject\_\_\_\_\_

Number of Conferences held Tuesday-	1 <sup>st</sup> Day _____
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Subject\_\_\_\_\_

Number of Conferences held Tuesday-	1 <sup>st</sup> Day _____
Thursday-	2 <sup>nd</sup> Day _____

Please add any additional subjects and corresponding conferences held:

Also, add telephone conferences: \_\_\_\_\_

Total - 1<sup>st</sup> Day \_\_\_\_\_  
Total - 2<sup>nd</sup> Day \_\_\_\_\_  
TOTAL \_\_\_\_\_

Comments:

Suggestions:

**Please submit to the principal's office before you leave on Thursday night.**