

Parent / Teacher Conference Form

School Name: _____

Date: _____

Student: _____

Grade: _____

Parent/Caregiver: _____

Teacher(s) participating in conference (name and subject taught):

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| | | |

REASON FOR CONFERENCE:

| <i>Strengths?</i> | <i>Concerns?</i> | <i>Ideas for parent/student?</i> |
|---|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Asks for help <input type="checkbox"/> Attends class every day <input type="checkbox"/> Comes prepared with materials <input type="checkbox"/> Comes to class on time <input type="checkbox"/> Completes homework <input type="checkbox"/> Does well on tests <input type="checkbox"/> Gets along with other students <input type="checkbox"/> Has positive attitude <input type="checkbox"/> Is respectful towards adults <input type="checkbox"/> Listens well <input type="checkbox"/> Participates in class <input type="checkbox"/> Solves problems <input type="checkbox"/> Thinks creatively <input type="checkbox"/> Other: _____ | <p style="text-align: center;">Student needs to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attend school every day <input type="checkbox"/> Be on time to class <input type="checkbox"/> Bring all materials <input type="checkbox"/> Remain seated during class <input type="checkbox"/> Complete class work <input type="checkbox"/> Participate appropriately <input type="checkbox"/> Communicate respectfully <input type="checkbox"/> Help others as needed <input type="checkbox"/> Be positive towards learning <input type="checkbox"/> Pay attention, focus <input type="checkbox"/> Complete homework <input type="checkbox"/> Other: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> 8-10 hrs of sleep; alarm clock <input type="checkbox"/> Attend After-School tutorials <input type="checkbox"/> Check homework log daily <input type="checkbox"/> Get Organized <input type="checkbox"/> Enroll in an after-school program <input type="checkbox"/> Get phone #s of study buddies <input type="checkbox"/> Obtain counseling: academic/social/emotional <input type="checkbox"/> Reward small improvements <input type="checkbox"/> Attend school more often <input type="checkbox"/> Routine check-in with teacher <input type="checkbox"/> Other: _____ <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> |

Comments/Notes

Signatures

Parent/Caregiver

Student

Teachers:

| | | |
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