

## Parent / Teacher Conference Form

School Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_

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

REASON FOR CONFERENCE:		
<i>Strengths?</i>	<i>Concerns?</i>	<i>Ideas for parent/student?</i>
<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;"><b>Student needs to:</b></p> <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: _____	<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:
