

## Parent/Teacher Conference Form

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

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

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

Parent Contact Information (telephone #): \_\_\_\_\_

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

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

<i>Strengths</i>	<i>Concerns</i>	<i>Ideas for parent/student</i>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____ _____ _____	Student needs to: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____ _____ _____

### Comments/Notes/Next Meeting Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Signatures

Parent/Caregiver: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

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