



Parent / Teacher Conference Form

Student: _____

Grade: _____

<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"/> Completes work on time <input type="checkbox"/> Follows directions <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>Student needs to:</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"/> Listen <input type="checkbox"/> Follow directions <input type="checkbox"/> Complete class work on time <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"/> Behavior <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"/> Clean up backpack/locker <input type="checkbox"/> Daily Progress Report <input type="checkbox"/> Get health check-up & follow up <input type="checkbox"/> Get phone #s of study buddies <input type="checkbox"/> Healthy breakfast & lunch daily <input type="checkbox"/> Obtain counseling: academic/social/emotional <input type="checkbox"/> Obtain/meet with adult mentor <input type="checkbox"/> Reward small improvements <input type="checkbox"/> Student Attendance Review <input type="checkbox"/> Weekly Progress Report <input type="checkbox"/> Other: _____ _____

Comments/Notes

Student Goals

Signatures

Parent/Caregiver: _____

Teacher(s): _____

Student: _____

Date: _____