

Parent/Teacher/Student Conference Form

Conference: ___ Team/Student ___ Team/Parent ___ Team/Student/Parent

Student's name: _____ Date: _____

Faculty Present: _____

Areas needing improvement (academic or behavior): _____

Content area analysis by individual teachers:

English: _____

Math: _____

Science: _____

Social Studies: _____

Elective: _____

Recommended Adjustments to enhance student performance/achievement:

Follow-up visit: ___ yes ___ no Date scheduled: _____

Parent/guardian signature: _____

Student signature: _____