

SST LEVEL I –TEACHER/PARENT CONFERENCE FORM (Required)

(This form is completed by the Classroom Teacher during a Face to Face conference with the parent)

Name of Student _____ DOB _____ ID _____

Campus _____ Grade: _____ Class/Subject _____

Parent/Guardian #1 _____ Phone _____

Requested by (teacher) _____ Conference Date #1 _____ Conference Date #2 _____

Reason for Initial conference: _____ Reason for Follow-up Conference: _____

Initial Teacher/Professional Conference	Follow-Up Teacher/Professional Conference
Student's grades: (See Student Profile)	Student's current grades: (Student Profile should be rerun.)
Teacher/Professional data/samples, analysis, and recommendations (Teacher/Professional Conference A-2)	Teacher/Professional data/samples, analysis, and recommendations (Teacher/Professional Conference A-2)
Learning competencies: Strengths Areas to be strengthened	Teacher concerns discussed (present documentation verifying these concerns)
Teacher concerns: (present documentation verifying these concerns)	Strategies and interventions tried and the impact on student's learning
Parent concerns, comments, and possible solutions:	Parent concerns and comments:
Plan of action: Collaborate with the parent, finalize classroom strategies/interventions and clearly outline parental support provided at home	Decision Options: I. _____ Problem solved, remain in current classes II. _____ Remain in current classes with modifications and accommodations III. _____ Provide additional strategies for implementation. (Continue at Level I) IV. _____ Consider referral to instructional services and programs (go to SST Level II)

Teacher Signature _____

Parent Signature _____

Interpreter, if applicable _____

Date _____

Teacher Signature: _____

Parent Signature: _____

Interpreter, if applicable: _____

Date: _____

Scheduled date of follow-up conference. _____