

Columbia County Public Schools  
PARENT CONFERENCE REPORT

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

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

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

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

D.O.B.: \_\_\_\_\_

Conference Participants: (i.e, regular teacher(s), parent(s), special teacher(s), principal, guidance counselor, etc.)

NAME/POSITION

NAME/POSITION

1. \_\_\_\_\_

7. \_\_\_\_\_

2. \_\_\_\_\_

8. \_\_\_\_\_

3. \_\_\_\_\_

9. \_\_\_\_\_

4. \_\_\_\_\_

10. \_\_\_\_\_

5. \_\_\_\_\_

11. \_\_\_\_\_

6. \_\_\_\_\_

12. \_\_\_\_\_

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**REASON FOR CONFERENCE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUGGESTIONS/ALTERNATIVES FOR PARENTS AND SCHOOL PERSONNEL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chairman

Position

Original: School

Provide Copies to: Parent and District Office