

NOTE: Please fill out prior to your child's arrival.



HUNTSBURG STUDENT-PARENT CONFERENCE
SCHOOL YEAR 20 ____ - 20 ____
PARENT FORM

11

HUNTSBURG CAMPUS: 11530 MADISON ROAD • HUNTSBURG, OH 44046 • PHONE: 440.636.6290 • FAX: 440.636.5665 •
EMAIL: RDILL@HERSHEY-MONTESSORI.ORG

Student: _____ Date: _____

Parents: _____

1. What general goals do you have for your son/daughter this year?

 2. Are there any areas of social interaction, peer relationships, or adult relationships that you would like to see your son/daughter work on this year?

 3. Are there any academic areas which you think your son/daughter should focus on this year?

 4. Are there any areas in individual responsibility that you want your son/daughter to focus on this year? (mark with X)
- | | |
|---|---|
| <input type="checkbox"/> ASSIGNMENTS DONE ON TIME | <input type="checkbox"/> PHYSICAL ORGANIZATION SKILLS |
| <input type="checkbox"/> TIME MANAGEMENT AND PLANNING | <input type="checkbox"/> SELF DISCIPLINE AND FOCUS |
| <input type="checkbox"/> TEST TAKING SKILLS | <input type="checkbox"/> CARE OF PERSONAL HEALTH |
| <input type="checkbox"/> PROBLEM SOLVING SKILLS | <input type="checkbox"/> CARE OF PERSONAL SPACE |
| <input type="checkbox"/> OTHER: | |

5. Are there any areas in community responsibility that you want your son/daughter to focus on this year?
(mark with X)

- | | |
|--|--|
| <input type="checkbox"/> ESTABLISHING PEER RELATIONSHIPS | <input type="checkbox"/> LEADERSHIP |
| <input type="checkbox"/> LISTENING | <input type="checkbox"/> SELF CONTROL IN GROUPS |
| <input type="checkbox"/> SHOWING RESPECT FOR OTHERS | <input type="checkbox"/> ACTIVE, POSITIVE GROUP MEMBER |
| <input type="checkbox"/> COMMUNICATION SKILLS | <input type="checkbox"/> USE OF APPROPRIATE LANGUAGE |
| <input type="checkbox"/> DISAGREEING RESPECTFULLY | <input type="checkbox"/> CARE OF COMMUNITY SPACE |
| <input type="checkbox"/> OPENNESS WITH ADULTS | <input type="checkbox"/> CARE OF OTHERS |
| <input type="checkbox"/> OTHER: | |

6. Is there anything in particular you would like to discuss at the conference?

7. Are there ways in which we can support you in your parenting role?

Parent Signature: _____

Parent Signature: _____

Staff Signature: _____