

Parent/Teacher Conference Form

Student Name: _____ Date _____ Teacher _____

	Reading	Math	Writing	Test	Results
Strength(s)					_____ Above On Below
					_____ Above On Below
Needs Improvement					_____ Above On Below
					_____ Above On Below

Important information regarding your child:

- Follows directions
- Missing homework
- Kind to others
- Participates
- Tardy/Absent frequently
- Receives extra intervention
- Use self-control

Teacher Comments	
TS	
Parent Comments	
PS	