

PARENT CONFERENCE DOCUMENTATION

St. Lucie County Public Schools

Student name: _____ Date: _____ Time: _____

Parent name: _____ Teacher: _____

PURPOSE OF THE CONFERENCE (CHECK AS MANY AS APPLY)

_____ Scheduled teacher/parent conference

_____ Student achievement issue

_____ Parent-initiated

_____ Behavior issue

_____ Social/emotional issue

WHAT IS THE DESIRED GOAL OF THE CONFERENCE?

WHAT DATA WILL BE SHARED WITH THE PARENT?

Student work

Discipline referrals

Progress Report

Report Card

Student planning documents

Assessments

Other:

WHAT WAS DISCUSSED?

WHAT FOLLOW-UP TOOLS AND STRATEGIES WILL BE IDENTIFIED?

Phone call

Another conference: Date: _____ Time: _____

Other tools/strategies:

Parent Signature: _____

Student Signature (if present): _____

Teacher/Administrator Signature: _____

White: School Yellow: Home

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