

PARENT CONFERENCE NOTES

Student: _____Date: _____Time: _____

Attendees: ☐ Parent ☐ Teacher ☐ Counselor ☐ Administrator ☐ Other: _____

Meeting Purpose

Discussion Points

1. _____
2. _____
3. _____
4. _____

Student Strengths	Areas of Concern
_____ _____ _____	_____ _____ _____

Action Plan

Task	Responsible Party	Due Date	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Next Meeting Scheduled: Date: _____ Topic: _____