



**Parent Involvement
Conference Form K-6**

STUDENT NAME: _____ HOMEROOM TEACHER: _____
 GRADE: _____ SCHOOL YEAR: _____

<u>STUDENT STRENGTHS</u>	<u>FALL</u>	<u>SPRING</u>	<u>STUDENT CONCERNS</u>	<u>FALL</u>	<u>SPRING</u>
Reading			Absences		
Math			Tardies		
Language			Inattentiveness		
Gets Along With Others			Incomplete Work		
Follows Rules			Not Returning Papers		
Dependable			Not Completing Homework		
Completes Work			Behavior Problems		
Effort In Class			Lack Of Effort		
Respectful			Talking		
Organized			Lack Of Organization		
Conduct			Health Complaints		
Science			Other		

Overall Level Of Academic Performance

Fall Conference:	___ Below Grade-Level	Spring Conference:	___ Below Grade-Level
	___ On Grade-Level		___ On Grade-Level
	___ Above Grade-level		___ Above Grade-level
	___ ITBS/ACT Aspire		___ Candidate for Retention

Support Services

___ Resource	___ Tutoring	___ Title I Reading	___ Referred/Did Not Qualify
___ Speech	___ GATE	___ Title I Math	___ Counselor

Comments:

Fall Conference: _____

Parent signature: _____ date: _____	Teacher signature: _____ date: _____
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Spring Conference: _____

Parent signature: _____ date: _____	Teacher signature: _____ date: _____
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