

Mrs. Rasmussen's Parent / Teacher Conference Form

School Name: Shore Acres Elementary **Location:** _____ **Date:** _____

Student: _____ **Grade:** 4

Parent/Caregiver in attendance _____

Parent/Caregiver in attendance _____

Teacher(s) participating in conference (name and title):

1) _____

2) _____

Does the student have a Progress Monitoring Plan (PMP)? no yes (if so, see attached plan)

<i>Strengths?</i>	<i>Concerns?</i>	<i>Ideas for parent/student?</i>
<input type="checkbox"/> Asks for help <input type="checkbox"/> Attends class every day <input type="checkbox"/> Comes prepared with materials <input type="checkbox"/> Comes to class on time <input type="checkbox"/> Completes homework <input type="checkbox"/> Does well on tests <input type="checkbox"/> Gets along with other students <input type="checkbox"/> Has positive attitude <input type="checkbox"/> Is respectful towards adults <input type="checkbox"/> Listens well <input type="checkbox"/> Participates in class <input type="checkbox"/> Solves problems <input type="checkbox"/> Thinks creatively <input type="checkbox"/> Other: _____	Student needs to: <input type="checkbox"/> Attend school every day <input type="checkbox"/> Be on time to class <input type="checkbox"/> Bring all materials <input type="checkbox"/> Follows directions <input type="checkbox"/> Complete class work <input type="checkbox"/> Participate appropriately <input type="checkbox"/> Communicate respectfully <input type="checkbox"/> Help others as needed <input type="checkbox"/> Be positive towards learning <input type="checkbox"/> Pay attention, focus <input type="checkbox"/> Complete homework <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> 8-10 hrs of sleep; alarm clock <input type="checkbox"/> Attend After-School tutorials <input type="checkbox"/> Check homework daily <input type="checkbox"/> Clean up backpack <input type="checkbox"/> Daily Progress Report <input type="checkbox"/> Enroll in an after-school program <input type="checkbox"/> Get health check-up & follow up <input type="checkbox"/> Get phone #s of study buddies <input type="checkbox"/> Healthy breakfast & lunch daily <input type="checkbox"/> Obtain counseling: academic/social/emotional <input type="checkbox"/> Obtain/meet with adult mentor <input type="checkbox"/> Reward small improvements <input type="checkbox"/> Monitor nightly reading <input type="checkbox"/> Provide a quiet time/place to study <input type="checkbox"/> Weekly Progress Report <input type="checkbox"/> Other: _____ _____

Comments/Notes
_____ _____ _____

Signatures
Parent/Caregiver: _____ Date: _____ Parent/Caregiver: _____ Date: _____ Teacher: _____ Date: _____