**RCTCM Parent / Teacher Conference Form**

*Note: Parent/Teacher conferences may be used as an intervention prior to referral to the Student Action Plan (SAP) or recommended as part of a SAP action plan. This sample form offers a guide through a documented conference discussion.* ***Please complete the entire form (front and back****).*

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Caregiver/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dual Enrolled: Yes or No**

**Parent Contact Information (telephone #): (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_**

**Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List course(s) and current grade(s) of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_**

**I-Ready Score(s) (if applicable): \_\_\_\_\_\_\_\_\_\_\_ Benchmark Score(s): \_\_\_\_\_\_\_\_\_\_\_\_**

**List any missing assignments:**

|  |  |  |
| --- | --- | --- |
| ***Strengths?*** | ***Concerns?*** | ***Ideas for parent/student?*** |
| * Asks for help
* Attends class every day
* Comes prepared with materials
* Comes to class on time
* Completes homework
* Does well on tests
* Gets along with other students
* Has positive attitude
* Is respectful towards adults
* Listens well
* Participates in class
* Solves problems
* Thinks creatively
* Other:

\_\_\_\_\_\_\_\_\_ | Student needs to:* + Attend school every day
	+ Be on time to class
	+ Bring all materials
	+ Remain seated during class
	+ Complete class work
	+ Participate appropriately
	+ Communicate respectfully
	+ Help others as needed
	+ Be positive towards learning
	+ Pay attention, focus
	+ Complete homework
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * 8-10 hrs of sleep; alarm clock
* Attend After-School tutorials
* Check homework log daily
* Clean up backpack/locker
* Daily Progress Report
* Enroll in an after-school program
* Get health check-up & follow up
* Get phone #s of study buddies
* Healthy breakfast & lunch daily
* Obtain counseling: academic/ social/emotional
* Obtain/meet with adult mentor
* Reward small improvements
* Student Attendance Review Team
* Student Success Team
* Weekly Progress Report
* Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Concerns/Comments/Notes**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signatures**

**Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Flip Over to Complete Form*

The section is for the teacher or staff member. Please indicate any recent changes in the student’s behavior.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Teachers, in conjunction with the student’s parent/caregiver/guardian, please set goals to address issues/concerns.

1.

2.

3.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature Date

RCTCM School Counseling Department, Last Revised 11/1/2018