**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