**PARENT / TEACHER CONFERENCE**

**REQUEST FORM**

**Requested By: Today’s Date:**

**Student’s Name: Classroom:**

**Teacher:**

**Discussion Item(s):**

 **Progress Report/Assessments Student Behavior/Conduct**

 **Questions / Concerns Academic Progression**

 **Goal Settings Attendance/Tardiness**

 **Other**

***If “Other” was checked please describe the reason conference is being requested below:***

**Would you like a Virtual Zoom (online) or phone conference?**

**If you would like to conduct your parent/teacher conference via phone, please list the phone**

**number that you would like to be contacted on:**

**Conference Scheduling:**

**On which of the following days would you like to schedule a meeting? Please check one.**

***(If you would like conference to be on the present week check M - F, if not, check specific date and write in)***

 **Monday Tuesday Wednesday**

 **Thursday Friday OR Specific Date: / /**

**Select a time period. Please check one.**

***Early Morning Afternoon Late Afternoon***

 **8am – 8:15am 1pm – 1:15pm 5:45pm – 6pm**

 **8:15am – 8:30am 1:15pm – 1:30pm 6pm – 6:15pm**