SCHOOL DISTRICT OF CLAY COUNTY

PARENT-TEACHER CONFERENCE RECORD

Student's Name _____ Grade _____

Parent's Name _____

Conference Requested by: _____ Teacher _____ Parent _____ Other

In Attendance: _____ _____

_____ _____

Reason for Conference: ☐ Routine ☐ Academic ☐ Behavior
☐ Attendance ☐ Other

COMMENTS: _____

_____

_____

_____

Outcome: ☐ Satisfactory ☐ Unsatisfactory

COMMENTS / AGREEMENTS: _____

_____

_____

_____

_____

_____
Teacher's Signature

_____
Parent's Signature

_____
Date

To Be Kept On File