

Longleaf Elementary School  
PARENT CONFERENCE FORM

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parents or Guardians \_\_\_\_\_

Type of Conference: Personal Contact \_\_\_\_\_ Phone \_\_\_\_\_

Conference Attended By \_\_\_\_\_

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

Purpose of Conference \_\_\_\_\_

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

Recommendations \_\_\_\_\_

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

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

Results \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature