

Parent-Teacher Conference Form

Child's Name: _____

Date/Time: _____

How is your child doing in school?

Social-Emotional Skills:

- Follows directions
- Actively participates
- Follows routines
- Cleans up after play
- Plays/interacts with peers
- Works independently

Notes:

Strengths:

Things to practice at school:

Things to practice at home:

Comments/Questions/Concerns:

Teacher's Signature: _____

Parent/Guardian's Signature: _____

