Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Areas to discuss at the conference:
2. Expectations for my child this year are:
3. Concerns:

Thanks for taking the time to fill out this form before the conference. Please return it with your son/daughter by **Wednesday, November 12th.**

Your conference is on: Thursday Wednesday Thursday @\_\_\_\_\_\_\_\_\_

 11/13 11/19 11/20