

## PARENT CONFERENCE NOTICE

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

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Site: \_\_\_\_\_

To: \_\_\_\_\_

(Parent / Guardian / Person Acting as Parent / Educational Advocate)

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Work: \_\_\_\_\_

We would like to meet with you to discuss your child's educational progress and any possible options for helping your child. The following personnel may be attending the meeting: your child's teacher, school principal, school counselor, special education teacher, school psychologist, and other school personnel who have information concerning your child's education. You may ask anyone you wish to attend the meeting.

Location of meeting: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please contact \_\_\_\_\_ at \_\_\_\_\_ if you are unable to attend this meeting. If this date / time are unacceptable, another meeting will be scheduled to accommodate you.