

INSTRUCTIONS: Please complete this form, retain original for your files, and return copy to the office to be filed in the student's folder.

Student _____ Conference Date ____/____/____
Last First MI

Grade or Section _____ School _____ Phone Number (____) _____

Conference Type: Telephone Personal Home Visit

Initiated by: Parent Teacher Counselor Other _____

Present at Conference:

Appointment Arranged By _____ Conference Date ____/____/____

Conference With _____

Purpose of Conference _____

Summary and Recommendations of Discussion _____

Is follow-up necessary?

Yes, Explain _____

No

_____/____/____
Signature, Person Holding Conference Date

It is recommended that this form be destroyed when the student withdraws or graduates from MCPS.