

**Family-Teacher Conferences**  
**Fall**

Child's Name \_\_\_\_\_

**Strengths:**

- 1.
- 2.
- 3.

**Observations seen at school:**

- 1.
- 2.
- 3.

**Goals:**

- 1.
- 2.
- 3.

**Parent Feedback and/or Goals:**

1. What do you feel is going well for your child at school?
2. What are concerns you have for your child at school?
3. What are your goals for your child for this semester?
4. Are there any other things you want to discuss?

_____	_____
<b>Parent's Signature</b>	<b>Date</b>
_____	_____
<b>Parent's Signature</b>	<b>Date</b>
_____	_____
<b>Teacher's Signature</b>	<b>Date</b>