

**Monroe Public Schools Parent Conference Report**

Teacher: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Date of Conference: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Conference: Phone \_\_\_\_ Personal: \_\_\_\_ Email: \_\_\_\_\_

Purpose of Conference: (Check all that apply)

Academic \_\_\_\_ Discipline \_\_\_\_ Attendance \_\_\_\_ Other \_\_\_\_

Comments: (Optional) \_\_\_\_\_

Please return this slip to the Main Office as soon as possible following the parent conference.

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