

EAST GUERNSEY LOCAL SCHOOL DISTRICT

PARENT-TEACHER CONFERENCE SUMMARY FORM

(to be filed in student's cumulative folder)

Buckeye Trail Elementary School Buckeye Trail Middle School

Buckeye Trail High School



Student's Name: _____ Teacher: _____

Grade of Student: _____ Conference Date: _____

Name of Parent(s) attending: _____

Regular Parent-Teacher Conference _____ Special Conference _____

Topics to be discussed:

Conclusions, recommendations, agreements made or understood which were generated as a result of this conference:



Other pertinent information as a result of the conference: