

**Bolivar Elementary School  
Parent/Teacher Conference**

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT(S) OR GUARDIAN \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

TEACHER(S) \_\_\_\_\_

\_\_\_\_\_

REASON FOR CONFERENCE \_\_\_\_\_

\_\_\_\_\_

RECOMMENDATIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADMINISTRATIVE SIGNATURE \_\_\_\_\_

OBSERVING TEACHER \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

TEACHER(S) SIGNATURE(S) \_\_\_\_\_

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