

**Office of the Deputy Superintendent of Schools
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**

SUMMARY OF PARENT CONFERENCE

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.