

PARENT TEACHER MEETING CHECKLIST

Teacher Name:

Meeting Date:

1. Is the Parent teacher conference invitation note created?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the conference invitation sent to all the parents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are all the report cards complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the absentee record of every student maintained and ready?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are all the report cards organized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the file of each student created?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is the student performance feedback included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is the student's test copies and sample work included in the file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is the reminder note sent home to the parents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is the student record book ready?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are extra pens and sheets arranged for parents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Is the conference feedback form to be filled by parents ready?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are the desks neat and clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are the chairs for the parents arranged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Is the Classroom board ready with the welcome note?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT PERFORMANCE EVALUATION

Student Name: _____ Grade: _____

Assessment: _____

Academic Improvement Seen: _____

Areas to work on: _____

Overall Feedback: _____

Evaluator Sign

Coordinator Sign

Principal Sign

MEETING FEEDBACK FORM

Your Name: _____ Meeting Date: _____

Student Name: _____ Grade: _____

Teacher Name: _____ Subject: _____

Rate on the following points	Not Satisfied	Satisfied	Very Satisfied
1. Teacher prepared for the conference			
2. Ready with all the documents			
3. Aware of student's difficulties			
4. Satisfied with the evaluation done			
5. Patiently addressed your concerns			

Any other feedback/comment/suggestion for the teacher:

Evaluator Sign

Coordinator Sign

Principal Sign

PARENT TEACHER MEETING NOTES

Parent Name: _____ Meeting Date: _____

Student Name: _____ Grade: _____

Teacher Name: _____ Subject: _____

Areas of concern (By parents): _____

Suggestions: _____

Areas of concern (By teachers): _____

Suggestions: _____

Evaluator Sign

Coordinator Sign

Principal Sign

PARENT TEACHER MEETING INVITATION

Student Name: _____ Grade: _____

Dear Parents,

You are cordially invited to the PARENT-TEACHER MEETING
scheduled on _____ from _____ to _____ to
discuss the progress of your ward. This interaction will be based
on further development goals.

Looking forward to meeting you

Sincerely
