

**ELD Intervention
Parent Meeting**

Name of Student: _____ Grade: _____ Date: _____

Parent(s)/Guardian(s) involved in conference: _____

Phone Number: (Home) _____ (Cell Phone) _____

1. What are your child's favorite activities, special talents, or likes?

2. How do you think your child learns best (what type of teaching styles/strategies help your child learn better)?

3. Please describe the academic habits your child practices regularly at home? (Ex. Reading, practice any type of art, uses the computer etc.)

4. What are the academic areas that frustrate your child or in what areas could your child improve?

5. How do you think your child is developing in English?

6. What are your goals for your child this year?

7. What personal and academic goals do you have for your child?

8. What goals do **you** have to improve your child's education?

9. If you could describe your child in one word, what would it be? Why?

10. Do you have other information that can help us improve your child's education?

Comments:

Parent(s) Signature: _____

Interviewer's Signature: _____