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?
__________________________________________________________

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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: ________________________________

Intervener’s Signature: ________________________________

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