

**NOTE: Please fill out prior to student's arrival.**



**HUNTSBURG STUDENT-PARENT CONFERENCE  
SCHOOL YEAR 2018 - 2019  
PARENT FORM**

**11**

**HUNTSBURG CAMPUS: 11530 MADISON ROAD • HUNTSBURG, OH 44046  
PHONE: 440.636.6290 • FAX: 440.636.5665 • EMAIL: LJOLLIFF@HERSHEY-MONTESSORI.ORG**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parents: \_\_\_\_\_

1. What general thoughts, concerns, or awareness do you want to communicate about your son/daughter for this year?
  
  
  
  
  
  
  
  
  
  
2. Are there any areas of social interaction, peer relationships, or adult relationships that you think are important for your son's/daughter's growth and experience this year?
  
  
  
  
  
  
  
  
  
  
3. Are there any academic areas which you think your son/daughter should focus on this year?
  
  
  
  
  
  
  
  
  
  
4. Are there any areas in individual responsibility that you feel are important for your son/daughter to focus on this year? (mark with X)

- \_\_\_ ASSIGNMENTS DONE ON TIME
- \_\_\_ TIME MANAGEMENT AND PLANNING
- \_\_\_ TEST TAKING SKILLS
- \_\_\_ PERSONAL PROBLEM SOLVING SKILLS
- \_\_\_ OTHER:

- \_\_\_ QUALITY OF ACADEMIC WORK
- \_\_\_ SELF DISCIPLINE AND FOCUS
- \_\_\_ CARE OF PERSONAL HEALTH
- \_\_\_ PHYSICAL ORGANIZATION
- \_\_\_ POSITIVE OUTLOOK

5. Are there any areas in community responsibility that you feel are important for your son/daughter to focus on this year? (mark with X)

ESTABLISHING PEER RELATIONSHIPS

LEADERSHIP

LISTENING

NETWORKING IN THE LARGER COMMUNITY

SHOWING RESPECT FOR OTHERS

ACTIVE, POSITIVE GROUP MEMBER

COMMUNICATION SKILLS

EMPATHY AND VOLUNTEERISM

DISAGREEING RESPECTFULLY

CARE OF COMMUNITY SPACE

OPENNESS WITH ADULTS

CARE OF OTHERS

OTHER:

6. Is there anything in particular you would like to discuss at the conference?

7. Are there ways in which we can support you in your parenting role?

Parent Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_