

## CORINDA STATE HIGH SCHOOL

## RECORD OF PARENT TEACHER MEETING

Students Name:	Year:
Subject:	Date:
Teacher:	
Areas where your student is experiencing success:	Areas where your student needs to improve:
Results so far:	
Student goal:	
Student Action Plan (If necessary):	
Student will:	
Teacher will:	
At home:	
Actionic.	
Teacher to complete:	
Signed:	
Email:	