**Initial Parent Input for Three-Way Conference**

**Student Name:**

**Parent/Guardian Name:**

**In the space provided below, please share what you feel are your child’s strengths (areas to celebrate) and one area that you would like your child to further develop (areas to strengthen).**

|  |  |
| --- | --- |
| **Areas to Celebrate** | **Areas to Strengthen (emotional, social, and/or academic)** |
| **1.****2.** | **1.** |

**The information that you are providing will help develop your child’s Learning Plan at the family conference in November.**