



Family-Teacher Conference Form

School Name: _____ Teacher's Name: _____

County _____ 4K Coach _____

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Date	Method of Conference (Circle One)	Student's Name (Print)	Parent/Guardian's Name (Print)	Parent/Guardian Signature
	F V P			
	F V P			
	F V P			
	F V P			
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	F V P			
	F V P			
	F V P			

F = Face to Face/In-Person

V = Virtual

P = Phone

Director's Signature _____ Date: _____