

**COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT**  
**Elementary Parent-Teacher Conference Planning/Summary Form**

**Student:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

First Quarter Conference Date: \_\_\_\_\_

Comments:

Signature of  
Parent(s) in Attendance: \_\_\_\_\_

Second Quarter Conference Date: \_\_\_\_\_

Comments:

Signature of  
Parent(s) in Attendance: \_\_\_\_\_

Other Conference or Comments Date: \_\_\_\_\_

Comments:

Signature of  
Parent(s) in Attendance: \_\_\_\_\_

*Please place this information in the student cum folder at the end of the year.*