



Rockford Iqra School
5925 Darlene Dr. Rockford, IL 61109
(815) 397-6899

Parent - Teacher Meeting Request

Student Name: _____ Grade: _____

Meeting requested by: Parent Teacher Translator needed: Yes No

Requestor's Name: _____ Date: _____

Meeting Requested With: _____

The purpose of this meeting:

- | | |
|--|--|
| <input type="checkbox"/> Curriculum related | <input type="checkbox"/> Assigned work related |
| <input type="checkbox"/> Grades related | <input type="checkbox"/> Health & Safety concern |
| <input type="checkbox"/> Absenteeism/Tardiness | <input type="checkbox"/> Behavior issues |
| <input type="checkbox"/> Peer Concerns | <input type="checkbox"/> Concerns about: _____ |
| <input type="checkbox"/> Academic Progress | <input type="checkbox"/> Other: _____ |

Prior discussion or meetings on this subject (verbal/written, dates):

Meeting schedule request: Date: _____ Time: _____

To be completed at the meeting:

Plan discussed to improve performance or correct behavior:

Solutions/recommendations agreed upon:

The above has been discussed with me by the teacher. I understand the contents and acknowledge the above.

Parent Signature: _____

Teacher Signature: _____ Date: _____