

Tacoma Public Schools
ELEMENTARY EDUCATION
PARTNERSHIP CONFERENCING PLAN

Year _____	Grade _____
Student's Name _____	
No. _____	
Teacher _____	
Principal _____	

School _____

Academic and/or social goal(e):

To help accomplish the goal(s):

The student will:

The parent will:

The teacher will:

Communication Plan:

Planned review date: _____

Student signature _____ Teacher signature _____

Parent signature _____ Date _____