

**JEFFERSON COUNTY HIGH SCHOOL**

**Academic Conference of Concern**

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

Class: \_\_\_\_\_

Grade: \_\_\_\_\_

I need to improve upon the following:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

I will work on the above areas in the following ways:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

If I do not show improvement by the next grading period a parent meeting will be scheduled to implement an Academic Improvement Plan.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent contacted via: \_\_\_\_\_ Phone \_\_\_\_\_ Conference \_\_\_\_\_ E-mail \_\_\_\_\_ Signed Document

Date of contact: \_\_\_\_\_

**(Teachers please retain a copy for your records and send the original to the student's counselor.)**