

# Enrollment Conference Form

Student Name

ID

DOB

Grade

Parent or Guardian/Relationship: \_\_\_\_\_

Liaison/Name/Title: \_\_\_\_\_

## Agenda

- ☐ Academic
- ☐ Credit Recovery
- ☐ Credit Completion
- ☐ Attendance Plans
- ☐ Trauma-Informed Interventions
- ☐ Interests/Strengths
- ☐ Discipline/Behavior Concerns
- ☐ Previous Success
- ☐ College Readiness
- ☐ Social/Emotional Support
- ☐ District Policies (*e.g., transfer, withdrawal, communication preference w/parent or guardians*)
- ☐ Other: \_\_\_\_\_

## Attendees

- ☐ Administrator: \_\_\_\_\_
- ☐ Counselor: \_\_\_\_\_
- ☐ Teacher: \_\_\_\_\_
- ☐ Parent/Guardian: \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

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

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

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**Continuation:**