



NEON Team Conference

Student: _____ Date: _____

 **Tips/Tools** _____

(Parents: Look at the suggestions on the back side. List the strategies your child is already using. Label each strategy with a + or - to analyze its effectiveness for your child.)

 **Student's Strengths** _____

 **Current Standings/Suggestions**

•Math _____ •Language Arts _____

•Science _____ •Social Studies _____

•Electives _____

 **Concerns: (5 minute brainstorming)**

1. _____ 2. _____ 3. _____

 **Discussion: (10 minutes)**

 **Action plan: (5 minute wrap-up)**

Student:

Parent:

Teachers:

Counselor:
