

**Castle View High School Parent/Teacher/Student Conference  
Student Academic Self Evaluation**

**INSTRUCTIONS:** Completed by the content teacher prior to the scheduled conference.

Absences: Excused:\_\_\_\_\_ Unexcused:\_\_\_\_\_ Tardies:\_\_\_\_\_ (check IC)

Missing Assignments as of:\_\_\_\_\_ (check IC)

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**INSTRUCTIONS:** Completed by the student with input from the content teacher and parent during the scheduled conference.

1. Are you happy with your grade? \_\_\_\_\_ What grade would you like to have in this class? \_\_\_\_\_
2. List your strengths as a learner in this class:
3. List your weaknesses as a learner in this class:
4. What changes can you make in order to earn the grade you want in this class?
5. What support would help you be successful in this class?
6. My goal for the remainder of the semester/term to improve my performance is:
7. My action plan (what I will do) to reach my goal is:
8. My role as a parent to support my son/daughter to be more academically successful in this class is:

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*I acknowledge the information provided on this form and will take responsibility for improvement of class performance and I (parent) will support my son/daughter in their efforts.*

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**(Student Signature)**

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**(Parent Signature)**