**Parent-Teacher Conference**

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| Student’s Name: | Student’s NYC ID #: | Date of Conference: |
| SEIT Provider: | | |

**IEP goals discussed:**

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**Parental input/concerns:**

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**Recommendations:**

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**SEIT Provider’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_