

PARENT/TEACHER COMMUNICATION CHECKLIST

Parent _____ Teacher _____

Method/Styles <i>Check all that that you prefer.</i>	Parent	Teacher
Communication notebook (reciprocal)		
Teacher note (one-way from teacher)		
Email		
Work (school) phone		
Home phone		
Cell phone		
Text		
Face-to-face (after school)		
Other:		
Frequency <i>Check your preferred method or rank your preferences</i>	Parent	Teacher
Daily		
Weekly		
Every reporting period		
Other:		
Availability <i>Fill in the blanks.</i>	Parent	Teacher
Call as early as	a.m.	a.m.
Call as late as	p.m.	p.m.
Return messages/emails within	___ hours or ___ days	___ hours or ___ days

INDIVIDUALIZED COMMUNICATION PLAN

Student _____ Date _____

Method(s)/Style(s)

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Contact Information

	Parent	Teacher
Email		
Cell		
Home		
Work/School		

Frequency

Daily Weekly Other: _____

Availability

	Parent	Teacher
Call as early as	a.m.	a.m.
Call as late as	p.m.	p.m.
Return msgs/emails within	_____ hours or _____ days	_____ hours or _____ days

Parent  _____

Teacher  _____