



Open Evening Discussion Record

Teacher's name :

Date:

Year Group:

Child's name:

For teacher and parent to each complete separately prior to the meeting:

ATTITUDE TO LEARNING:

INDEPENDENCE:

RELATIONSHIPS WITH OTHERS:

BEHAVIOUR:

SUBJECT SPECIFIC :

Views of parents: *(please ensure any concerns have been raised before this meeting to afford time for fruitful discussion):*

Agreed actions:

Signature of classteacher.....

Signature of parent(s).....

Other information to note:

Does the child have an IEP: Yes/No

Is the child currently receiving ELS/ALS/FLS: Yes/ No

Is the child currently on springboard maths support: Yes/No