Department of Corrections
WASHINGTON STATE

# PARENT-TEACHER CONFERENCE REQUEST

To be completed by the Legal Guardian and submitted to the Classification Counselor

| PARENT'S INFORMATION | | | |
|---|---|---|---|
| Last Name, First Name | DOC # | Classification Counselor | Unit/Bed |

| CHILD/GUARDIAN INFORMATION | | | | |
|---|---|---|---|---|
| Child's Name (Last, First) | Date of Birth | Age: | Grade: | Gender: |
| Name of Legal Guardian | Relationship | Phone Number | Email Address: | |

| | |
|---|---|
| Is the Legal Guardian on the approved visit list?<br>☐ Yes ☐ No | If no, what approved visitor will be assisting with this process?<br>Name:<br>Contact Information: |
| Is the child under the care of WA State (DCYF)?<br>☐ Yes ☐ No<br>Name of DCYF Social Worker: | Is the child on their parent's approved visit list?<br>(*Requirement)<br>☐ Yes ☐ No |

| SCHOOL INFORMATION | | |
|---|---|---|
| Name of School | School District | City/State |
| Teacher's Name | Phone Number | Email Address - School |

| CONFERENCE INFORMATION | |
|---|---|
| Conference Date and Time<br>Date: Time: . | Preferred method of participation:<br>☐ Phone ☐ TEAMS |
| Which conference are you requesting the incarcerated parent to participate in:<br>☐ Fall ☐ Spring ☐ Special ☐ Other<br>Comments: | |
| Who will be on the call with the teacher and the incarcerated parent?<br>☐ Child<br>☐ Guardian<br>☐ Other: | |
| Does the guardian or child have any concerns with their incarcerated parent participating? ☐Yes ☐No<br>Comments: | |

## AUTHORIZATION AND LEGAL GUARDIAN CERTIFICATION

By submitting this request form, I certify that I am the child's legal guardian and have the legal authority to make decisions regarding the child and incarcerated parent's joint involvement in this program, and that the information provided on this application is true and accurate to the best of my knowledge.

Print Name: Relationship to Child:

Signature: Date:

***Submit this form to the Parent's Classification Counselor for processing.***