

4. Parent Feedback & Concerns

S. No	Student Name	Parent Concern	School Response	Action Required

5. Follow-up Academic Support Plan

S. No	Student Name	Support Strategy	Remedial Classes	Target Improvement Timeline	Monitoring Teacher
			Yes / No		
			Yes / No		

6. Action Tracking

S. No	Action Plan	Responsible Person	Deadline	Status
1	Conduct Remedial Classes			
2	Provide Practice Worksheets			
3	Monitor Weekly Progress			

7. Meeting Observations

8. Signatures

Class Teacher: _____

Parent Signature: _____

Academic Coordinator: _____

Principal: _____

Date: _____