

CONFERENCE SCHEDULE

Student Name: _____

Parent Name: _____

Parent/teacher conferences will be held on the dates listed below. Please indicate your preference for the times of your conferences by indicating a “1” for first choice, “2” for second choice, and “3” for third choice. Every attempt will be made to accommodate your request.

Thursday, October 15

____ 3:30 – 4:30 p.m. ____ 4:30 – 5:45 p.m. ____ 5:45 – 6:45 p.m.

Friday, October 16

____ 11:30 – 1:00 p.m. ____ 1:00 – 2:00 p.m. ____ 2:00 – 3:00 p.m.

Tuesday, October 20

____ 3:30 – 4:30 p.m. ____ 4:30 – 5:45 p.m. ____ 5:45 – 6:45 p.m.

Please list the teachers, in priority order, you want to see at the conferences. A ten-minute conference will be allotted with each teacher.

		For School Use Only
Teacher	Time	Room #

Every attempt will be made to honor your request. You may contact teachers with whom you are unable to schedule conferences by calling 448-2090.

Once you indicate the teachers you would like to see, return this form to school with your son or daughter. They will schedule the conferences directly with the teachers prior to Wednesday, October 17. Your son or daughter will return this form to you for your use during conferences.

Additional Conference Schedule Forms are available in the main office.