

CONFERENCE NOTICE



Dear Families,

Parent-Teacher Conferences will be on

_____ from _____ and
_____ from _____

Below is a form for you to fill out and circle the best times that would fit your schedule. Each conference will last approximately ____ minutes. I will diligently work to meet the needs of each and every parent by working around your schedule. In addition, if you have already scheduled a conference with another teacher here at school, please let me know the time that you are meeting with him or her so that I can attempt to schedule your child's conference around that time, as a convenience to you.

Please return this form no later than

_____, so that I will have adequate time to contact you with your appointment time.

Thank you.

Please circle one time that best fits your needs. You will receive an appointment confirmation prior to conferences.

Student's Name

Parent's Name

Conference times scheduled with other teachers, if any:
