

Wattsburg Area Middle School Parent/Teacher Conference Request Form 5th Grade

PLEASE PRINT

Parent/Guardian Name: _____

Child's Name: _____

Homeroom: _____

Please choose **ONE** of the following timeframes that you plan to attend for a conference and check the box of the teacher(s) you would like to meet. **You will be scheduled for a 10 minute conference during the timeframe requested.**

- Thursday, November 13, 2014 between 2:30 p.m. and 5:30 p.m.
- Friday, November 14, 2014 between 7:30 a.m. and 11:00 a.m.
- Friday, November 14, 2014 between 11:00 a.m. and 2:30 p.m.

Please check the box of the teacher(s) you would like a conference with:

- Turner Ruprecht Ward Carson Hoffman
 - Spicher Cosgrove Heitman Caspar Drumm
 - Hammer Krzak Magnusen McGaughey
- I would like to schedule a phone conference or a conference at a later date.

You can reach me at: _____.

- I do not require a conference at this time.

Parent/Guardian Signature: _____

Date: _____