



## Parent Conference Form North Schuylkill Elementary

Parent-teacher communication is an essential aspect of a child’s education. The following questionnaire allows the parent to share information about his/her child with the teacher that may be vital to the child’s education. It will help the teacher get to know the child and have a better understanding of the parent’s concerns and expectations for the school year. The information will also help in planning a meaningful parent-teacher conference. Please complete the following form and send it back in to your child’s homeroom teacher by: Monday, November 4<sup>th</sup>

**Thank you for your help and cooperation!  
We look forward to meeting with you!**

Child’s Name: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_

*Parent conferences will be held on November 18<sup>th</sup> from 12:00 – 3:15 and then 4:00 – 5:45. Please mark your **1<sup>st</sup> choice** with a (1), **2<sup>nd</sup> choice** with a (2), and **3<sup>rd</sup> choice** with a (3) by the times that you would like to meet with your son/daughter’s teacher on this date. Conferences will be held in 15 minute intervals. If you would have any questions, please feel free to call 570-874-3661. You will be notified when the final schedule is set up.*

- |                                |                               |
|--------------------------------|-------------------------------|
| <input type="checkbox"/> 12:00 | <input type="checkbox"/> 4:00 |
| <input type="checkbox"/> 12:15 | <input type="checkbox"/> 4:15 |
| <input type="checkbox"/> 12:30 | <input type="checkbox"/> 4:30 |
| <input type="checkbox"/> 12:45 | <input type="checkbox"/> 4:45 |
| <input type="checkbox"/> 1:00  | <input type="checkbox"/> 5:00 |
| <input type="checkbox"/> 1:15  | <input type="checkbox"/> 5:15 |
| <input type="checkbox"/> 1:30  | <input type="checkbox"/> 5:30 |
| <input type="checkbox"/> 1:45  | <input type="checkbox"/> 5:45 |
| <input type="checkbox"/> 2:00  |                               |
| <input type="checkbox"/> 2:15  |                               |
| <input type="checkbox"/> 2:30  |                               |
| <input type="checkbox"/> 2:45  |                               |
| <input type="checkbox"/> 3:00  |                               |
| <input type="checkbox"/> 3:15  |                               |

**Please answer the following questions to the best of your ability.**

1. What are your child’s academic strengths and interests? Is there anything specific you would like to discuss during our conference regarding your child academically, socially, personally, etc.?

2. In what outside/extracurricular activities does your child participate? Please include interests and hobbies.

3. Please check any other teacher(s) you would like to meet.

Library- Mr. Demsko \_\_\_\_\_

Art- Ms. Pasco \_\_\_\_\_ or Mrs. Zink \_\_\_\_\_

Gym- Ms. Brill \_\_\_\_\_ or Mrs. Smith \_\_\_\_\_

Music- Mr. Lennox \_\_\_\_\_ or Mrs. Schwartz \_\_\_\_\_

Computers- Ms. Kraft \_\_\_\_\_ or Mr. Glessner \_\_\_\_\_

Or list any other teacher(s) you would like to meet. (For example -Guidance, Title 1, etc.)

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What is the best way for a teacher to communicate with you? (Please circle)

**PHONE**   **EMAIL**   **OTHER:** \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_