

PARENT-TEACHER CONFERENCE REQUEST FORM—*RETURN ASAP—CONFIRMATION WILL BE SENT HOME WITH YOUR CHILD*

Student Name _____ Grade _____ EAGLE Teacher _____

Parent Name _____ Phone Number _____

Please indicate your date preference at the right. If you have no preference, then indicate this on the right

_____ Wednesday, November 9
3:00 PM— 6:30 PM

_____ Thursday, November 17 _____ No date preference
3:00 PM— 6:30 PM

Please list the name and grade of any other children in this building for whom you will be scheduling

Please schedule a conference if there is a specific question or concern. Due to the limited number of time slots, a teacher can meet with 28 parents. Please feel free to schedule a phone conference and/or use email if there is no specific concern. Teachers are also available to meet during their conference/planning periods.

PLEASE DO NOT WRITE IN THE SPACE BELOW—*STAFF ONLY*

List below the **name(s) of teacher(s)** with whom a conference is desired. Please write specific names.

	Room number	3:00—3:10	3:15—3:25	3:30—3:40	3:45—3:55	4:00—4:10	4:15—4:25	4:30—4:40	4:45—4:55	5:00—5:10	5:15—5:25	5:30—5:40	5:45—5:55	6:00—6:10	6:15—6:25
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2)															
3)															
4)															
5)															
6)															

Staff only