

OFFICE USE:

Date Form Received: _____

Grade _____

Student Last Initial _____

Student Last Name _____

Do you also have a sibling to schedule? yes no Please schedule siblings on reverse side.

Dear Parents and Guardians:

Roosevelt Parent-Teacher Conferences are coming soon! **Scheduling will be done on first come, first served basis.** Due to high demand, it is not possible to schedule all requests. Therefore, if you don't have concerns, you may choose not to participate. Please remember conferences are an ongoing process. Parents are always welcome to contact teachers at any point during the school year. Although our resources are limited, our desire to communicate is not.

Conferences - Thur 11/8 and Thur 11/15 4-8pm

Please use the **Appointment Request Form** below to request a ten minute conference with 1-3 of your student's teachers. Conferences with an administrator or counselor will be available by drop in only - first come, first served, in 10 minute time slots. **Please return or FAX this form, 541-790-8505, to the office by Friday October 19.** Thank you. Roosevelt Staff.

PARENT-TEACHER CONFERENCE APPOINTMENT REQUEST FORM

Do you have another student at RMS? - PLEASE ALSO SEE THE BACK OF THIS FORM.

We are requesting one form per household for all siblings. Also, due to limited time and resources, we strongly encourage parents who do not live together to schedule conferences together. If this simply is not feasible, then schedule separately and we will do our best to meet your requests.

Separate household parents scheduling together OR separate appointments?

PLEASE PRINT:

Student Name: _____ Grade: _____ Advisor: _____

Parent Name: _____ Day Phone: _____

Address + zip: _____ e-mail: _____

Would you like to receive your confirmation by **EMAIL** OR **MAIL** (please circle one)

Please indicate 1st-4th choice: _____ 4:00-6:00 Thur 11/8 _____ 4:00-6:00 Thur 11/15
 _____ 6:30-8:00 Thur 11/8 _____ 6:30-8:00 Thur 11/15

Are you able to come on both days if splitting appointments is necessary? Yes No

How long between appointments are you willing to wait, if necessary? _____

Please indicate if you will need an interpreter to assist with conferences Yes No (please circle)

If yes, please identify language _____

In the slots below, list the teachers with whom you would like to conference, in priority order 1st-4th:

	TEACHER'S NAME	CLASS NAME	OFFICE USE	
			DATE	TIME
1st			Thur 11/8	
			Thur 11/15	
2nd			Thur 11/8	
			Thur 11/15	
3rd			Thur 11/8	
			Thur 11/15	
4th			Thur 11/8	
			Thur 11/15	

Please return this form to the Roosevelt office by Friday October 19.

Please, NO phone requests. Thank you!

**PARENT-TEACHER CONFERENCE APPOINTMENT REQUEST FORM
FOR SIBLINGS**

PLEASE PRINT:

Student Name: _____ Grade: _____ Advisor: _____
 Parent Name: _____ Day Phone: _____
 Address + zip: _____ e-mail: _____

Would you like to receive your confirmation by EMAIL OR MAIL (please circle one)

Please indicate 1st-4th choice: _____ 4:00-6:00 Thur 11/8 _____ 4:00-6:00 Thur 11/15
 _____ 6:30-8:00 Thur 11/8 _____ 6:30-8:00 Thur 11/15

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2nd			Thur 11/8	Thur 11/15
3rd			Thur 11/8	Thur 11/15
4th			Thur 11/8	Thur 11/15

**Please return this form to the Roosevelt office by Friday October 19.
Please, NO phone requests. Thank you!**