OPTIONAL CONFERENCE SIGN-UP

Name of child/children: _____

Please indicate below which day you intend to conference, which teacher(s) you would like to see, and during what time frame you would like to see them. This is to give teachers an idea of the number of families planning to attend a conference.

Conferences will be on a first come, first serve basis. If you plan on attending, please return this form to school by Friday, September 26th.

Our goal would be for each conference to last approximately 15 minutes.

TUESDAY, SEPTEMBER 30TH	THURSDAY, OCTOBER 2ND
I WISH TO SPEAK WITH:	**I WISH TO SPEAK WITH**:
Mrs. Faulhaber Kindergarten _____	Mrs. Faulhaber Kindergarten _____
OR Gr. 1 _____	OR Gr. 1 _____
Ms.Reams Reading Gr. 1 _____	Ms.Reams Reading Gr. 1 _____
Reading Gr. 2 _____	Reading Gr. 2 _____
Mrs. Mullen (Gr. 3-4) _____	Mrs. Mullen (Gr. 3-4) _____
Mrs. Schweitzer Math Gr. 4 _____	Mrs. Schweitzer Math Gr. 4 _____
Mrs. Millbourn, Ms. Blank, and Mrs. Simon Grades 5-8 _____	Mrs. Millbourn, Ms. Blank, and Mrs. Simon Grades 5-8 _____
I WOULD LIKE TO CONFERENCE:	**I WOULD LIKE TO CONFERENCE:**
Between 3PM and 4PM _____	Between 4PM and 5PM _____
Between 4PM and 5PM _____	Between 5PM and 6PM _____
Between 5PM and 6PM _____	