

Dear Parents:

Parent/Teacher conferences will be held at OES on Wednesday, October 17 and Thursday, October 18. Below is a schedule of conference times. **Please indicate your 1st, 2nd, and 3rd time choices.** If you would like to see both Mrs. Hendrix and Mr. Royle at the same time please make your choices on the designated days/times. I will do my best to accommodate, but it may be hard trying to honor all requests. If you feel that you need more time or are unable to attend on any of the times listed, please ask to schedule a conference at a later date. I would also prefer that students not be present during the conference. Report cards will be given at the conference.

I hope that you will be able to take advantage of this opportunity to discuss the progress of your child. I am looking forward to meeting with you and discussing your child's progress so far this year.

Please return the bottom portion by **Thursday, October 11.**

Please indicate your 1st, 2nd, and 3rd choices.

<i>Please use these times only if you want to meet with both Mr. Royle and Mrs. Hendrix</i>		<u>Thursday, October 18</u>
<u>Wednesday, October 17</u>	<u>Thursday, October 18</u>	
<input type="checkbox"/> 7:00 – 7:20 am	<input type="checkbox"/> 8:00 – 8:20 am	<input type="checkbox"/> 1:00 – 1:20
<input type="checkbox"/> 7:20 – 7:40 am	<input type="checkbox"/> 8:20 – 8:40 am	<input type="checkbox"/> 1:20 – 1:40
<input type="checkbox"/> 7:40 – 8:00 am	<input type="checkbox"/> 8:40 – 9:00 am	<input type="checkbox"/> 1:40 – 2:00
<input type="checkbox"/> 3:40 – 4:00	<input type="checkbox"/> 9:00 – 9:20 am	<input type="checkbox"/> 2:00 – 2:20
<input type="checkbox"/> 4:00 – 4:20	<input type="checkbox"/> 9:20 – 9:40 am	<input type="checkbox"/> 2:20 – 2:40
<input type="checkbox"/> 4:20 – 4:40	<input type="checkbox"/> 9:40 – 10:00 am	<input type="checkbox"/> 2:40 – 3:00
<input type="checkbox"/> 4:40 – 5:00	<input type="checkbox"/> 10:00 – 10:20 am	<input type="checkbox"/> 3:00 – 3:20
<input type="checkbox"/> 5:00 – 5:20	<input type="checkbox"/> 10:20 – 10:40 am	<input type="checkbox"/> 3:20 – 3:40
<input type="checkbox"/> 5:20 – 5:40	<input type="checkbox"/> 10:40 – 11:00 am	<input type="checkbox"/> 3:40 – 4:00
<input type="checkbox"/> 5:40 – 6:00	<input type="checkbox"/> 11:00 – 11:20 am	<input type="checkbox"/> 4:00 – 4:20
<input type="checkbox"/> 6:00 – 6:20	<input type="checkbox"/> 11:20 – 11:40 am	<input type="checkbox"/> 4:20 – 4:40
	<input type="checkbox"/> 11:40 am – 12:00 pm	<input type="checkbox"/> 4:40 – 5:00
		<input type="checkbox"/> 5:00 – 5:20
		<input type="checkbox"/> 5:20 – 5:40
		<input type="checkbox"/> 5:40 – 6:00
		<input type="checkbox"/> 6:00 – 6:20
		<input type="checkbox"/> 6:20 – 6:40
		<input type="checkbox"/> 6:40 – 7:00
		<input type="checkbox"/> 7:00 – 7:20
		<input type="checkbox"/> 7:20 – 7:40
		<input type="checkbox"/> 7:40 – 8:00

Please Print:

Student's Name _____

Parent Name _____ Telephone # _____

Brothers/sisters in other classes _____

I would also like to talk to: (Check any other teachers you would like to speak with)

Art P.E. Music Explorations Counselor
 Librarian Speech Reading Recovery Other _____