



Springfield Middle School

Please return this form on Monday, November 28, 2016

Student: _____

Parent/ Guardian: _____

Please review your child's report card and discuss it before coming in for conferences. Meeting with teachers provides an excellent opportunity to discuss your child's strengths, challenges and next steps. We encourage you and your child to attend.

Please indicate the names of the teachers you would like to meet with. Should you not need a conference, please check the "no conference is needed at this time" option.

Preferred Conference Time

Date	Time	Please Check
Thursday, December 1, 2016	4:00 p.m. – 5:30 p.m.	
	6:30 p.m. – 8:30 p.m.	
Friday, December 2, 2016	9:00 a.m. – 11:30 a.m.	
No conference is needed at this time, but I have seen my child's report card.		

You will receive confirmation of conference times by Wednesday, November 30.

Who would you like to conference with?

Teacher	Room #	Time Arranged	Teacher's Initials

Please use the space below to comment on your child's report card and/or if there is anything specific that you would like to discuss with teachers at the conference. **Please sign and return this form by Monday, November 28.**

Date _____

Parent Signature _____