

Grade _____ Student Last Initial _____ Student Last Name _____ <b>Do you have a sibling to schedule?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>Please schedule siblings on reverse side.</b>	OFFICE USE: Date Form Rcvd: _____ Confirmation sent _____ USPS    email
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Dear Parents and Guardians:

Roosevelt Parent-Teacher Conferences are coming soon! **Scheduling will be done on a 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 - Thursday November 8, 8am - 4pm in both the small and large gym**

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 this form to the office or fax it to 541-790-8505 by Wednesday, October 17.**

Thank you. Roosevelt Staff.

**PARENT-TEACHER CONFERENCE APPOINTMENT REQUEST FORM**  
**PLEASE SCHEDULE SIBLING ON REVERSE SIDE**

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: \_\_\_\_\_

Please indicate 1st - 4th choice:      \_\_\_\_\_ 8:00am-10:00am      \_\_\_\_\_ 12:30pm-2:30pm  
    \_\_\_\_\_ 10:0am-12:00pm      \_\_\_\_\_ 2:30pm-4:00pm

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 ONLY	
			DATE	TIME
1st			Thur 11/8	
2nd			Thur 11/8	
3rd			Thur 11/8	
4th			Thur 11/8	

**Please return this form to the Roosevelt office by Wednesday, October 17.**

**Please, NO phone requests. Thank you!**

**USE THIS SIDE ONLY IF YOU ARE SCHEDULING A SIBLING  
USE OTHER SIDE IF SCHEDULING ONE STUDENT ONLY**

**PLEASE PRINT:**

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

Please indicate 1st - 4th choice: \_\_\_\_\_ 8:00am-10:00am \_\_\_\_\_ 12:30pm-2:30pm  
 \_\_\_\_\_ 10:00am-12:00pm \_\_\_\_\_ 2:30pm-4:00pm

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

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4th			Thur 11/8

**Please return this form to the Roosevelt office by Wednesday, October 17.  
Please, NO phone requests. Thank you!**

**START ON OTHER SIDE**