3 October 2018

Dear Parent

**PARENT CONSULTATION EVENINGS**

Our parent consultation evening for the Autumn Term will be held on Tuesday 16 October and Thursday 18 October. Kestrel Class will have their consultation evening on Tuesday 16th and Wednesday 17 October.

I should be grateful if you would select a time on the sheet attached to this letter for a 10 minute appointment with your class teacher. We will try to give you an appointment as close to your choice as possible – the earlier you return your slip the more likely you are to get an appointment at the time you have requested.

The office will notify you using the tear off slip. If you need to change your appointment before the date, please let the office know so that they can offer you an alternative time.

This is a ten minute appointment to share successes and next steps. Teachers will work to keep to the schedule.

If you would like an appointment to discuss any concerns you have with regard to your child’s special needs, please indicate this on the tear off slip and Mrs Gill will make a separate appointment with you.

Yours sincerely

Elaine Mannix

Head Teacher

Please return this whole page to office and fill in the first part.

**PARENT CONSULTATION EVENING –Tuesday 16th October and Thursday 18th October**

Child’s name ……………………………………………………………………… Class ………………………………………

Parent/ carer name – PRINT PLEASE…………………………………………………………………

I would like an appointment with my child’s class teacher.

The following days and sections would be most convenient for me.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tuesday 16th  | 3.45 – 5 approx | 5.00 – 6.35pm approx | Thursday 18th  | 3.45- 5 approx | 5.00 – 6.35pm approx. |
| Please tick  |  |  | Please tick |  |  |

Please indicate if you would like to make a separate appointment with Mrs Gill, SENDCo

Yes No

Signed Parent/ carer Date……………………….

……………………………………………………………………………………………………………………………………………

**Filled in by the OFFICE –PLEASE DO NOT FILL IN**

**PARENT CONSULTATION EVENING – Tuesday 16th Oct and Thursday 18th Oct**

Child’s name ……………………………………………………………………… Class ………………………………………

**Thank you for requesting an appointment . Your appointment is indicated below.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tuesday | 3.45 | 3.55 | 4.05 | 4:15 | 4:25 | 4.35 | 4.45 | 4.55 | 5.05 |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tuesday | 5:15 | 5:25 | 5:35 | 5:45 | 5.55 | 6.05 | 6:15 | 6:25 | 6:35 |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Thursday | 3.45 | 3.55 | 4.05 | 4:15 | 4:25 | 4.35 | 4.45 | 4.55 | 5.05 |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Thursday | 5:15 | 5:25 | 5:35 | 5:45 | 5.55 | 6.05 | 6:15 | 6:25 | 6:35 |
|  |  |  |  |  |  |  |  |  |

If you are unable to keep this appointment please contact the office.

Thank you

Office Administration.