

**AUX SABLE MIDDLE SCHOOL
2010 FALL PARENT – TEACHER CONFERENCE REGISTRATION**

Dear Parents:

Below is the registration form for the 2010 Fall Parent – Teacher Conferences. Conferences will be held on Monday, November 1 (3:00-10:00 p.m.) and Tuesday, November 2 (7:30 a.m.–10:30 a.m.). Please indicate your preferences on the middle portion of this registration sheet. You will have the opportunity for you and your child to conference with your child’s core Team for **fifteen minutes**. *Please call 815-439-7092 (see list of extensions below) to schedule a conference time with your child’s Encore and/or Physical Education teacher.*

AUX SABLE MIDDLE SCHOOL PARENT - TEACHER CONFERENCE REQUEST

I ***do not*** wish to have a parent/teacher conference: _____

Parent Signature (Required)

If you would like to schedule a conference, please complete the information below:

1. Name of Parent _____

PLEASE PRINT

2. Name of Student _____

PLEASE PRINT

3. Please rank in order of preference (1st to 3rd):

_____	Monday, November 1	3:00 p.m. - 6:00 p.m.
_____	Monday, November 1	6:00 p.m. – 10:00 p.m.
_____	Tuesday, November 2	7:30 a.m. – 10:30 a.m.

4. Please provide a translator for this conference: _____ Polish _____ Spanish _____ Urdu

5. I prefer a phone conference: _____

Parent Signature (Required)

6. ***Return the completed form to your child’s Science/Social Studies teacher by Friday, October 15.***

7. If you would like to have any of the following individuals in this conference, please circle:

Mrs. Alexander, Principal

Ms. Lewandowski, Dean (M-Z)

Ms. Loqui, Social Worker (M-Z)

Ms. VanderVelde, School Psychologist

Ms. Erickson, Vision Itinerant

Ms. Cook, Hearing Itinerant

Mr. Merritt, Assistant Principal

Mr. O’Hara, Dean (A-L)

Ms. Andrews, Social Worker (A-L)

Mr. Mittler, Speech Pathologist

Ms. Pfeifer, Occupational Therapist

Ms. O’Connor, Physical Therapist

8. If you would like to request a conference with your child’s Encore and/or P.E. teacher. Please indicate which teacher you would like to meet with by checking the box and listing the Encore and/or P.E. teacher’s name.

Encore Teacher: _____

P.E. Teacher: _____

TEACHER USE ONLY

Your fifteen-minute parent-teacher core team conference has been scheduled for:

_____ Monday, November 1 at _____ _____ Tuesday, November 2 at _____

Your core team conference will be held in Room _____ Date Received _____

This section will be completed and given to your child on October 25, 2010.