

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

## Conference Request

Please complete the conference request and return to Ms. Love the next day (Thursday, November 17). Thank you! I look forward to our conference.

Check box for conference type:

<input type="checkbox"/>	Phone Conference
<input type="checkbox"/>	In-Classroom Conference

Available conferencing dates & times:

Date	Time
Monday 11/21	4:40-5:00 pm, 5:05-5:25 pm, 5:30-5:50 pm
Tuesday 11/22	4:15-4:35 pm, 4:40-5:00 pm, 5:05-5:25 pm, 5:30-5:50 pm
Monday 11/28	4:15-4:35 pm, 4:40-5:00 pm, 5:05-5:25 pm, 5:30-5:50 pm
Tuesday 11/29	4:15-4:35 pm, 4:40-5:00 pm, 5:05-5:25 pm, 5:30-5:50 pm
Wednesday 11/30	4:15-4:35 pm, 4:40-5:00 pm, 5:05-5:25 pm, 5:30-5:50 pm
Thursday 12/1	4:15-4:35 pm, 4:40-5:00 pm, 5:05-5:25 pm, 5:30-5:50 pm

1st choice: \_\_\_\_\_

2nd choice: \_\_\_\_\_

3rd choice: \_\_\_\_\_

Your goal or objective for the conference:

---

---

---

---

---