



The Cartwright School

1647 Cartwright Road

Missouri City, Texas 77489

Email: tcschool1647@gmail.com Phone/Fax: (281) 437-6300 / 6301

URL: www.thecartwrightschool.com

PARENT / TEACHER CONFERENCE REQUEST FORM

Requested By: _____ Today's Date: _____

Student's Name: _____ Classroom: _____ Teacher: _____

Discussion Item(s):

- | | |
|-----------------------------------|--------------------------------|
| _____ Progress Report/Assessments | _____ Student Behavior/Conduct |
| _____ Questions / Concerns | _____ Academic Progression |
| _____ Goal Settings | _____ Attendance/Tardiness |
| _____ Other | |

If "Other" was checked, please describe the reason the conference is being requested below:

Would you like a face-to-face (FTF), phone conference (PC), or video conference (VC)? Please check one.

_____ FTF _____ PC _____ VC

If you would like to conduct your parent/teacher conference via phone, please list the phone number that you would like to be contacted on: _____

Conference Scheduling:

On which of the following days would you like to schedule a meeting? Please check one.

(If you would like the conference to be in the present week, check M - F, if not, check the specific date and write in)

_____ Monday _____ Tuesday _____ Wednesday
_____ Thursday _____ Friday OR _____ Specific Date: _____ / _____ / _____

Select a time period. Please check one.

Early Morning

_____ 9am – 9:15am

_____ 9:15am – 9:30am

Afternoon

_____ 1pm – 1:15pm

_____ 1:15pm – 1:30pm

Late Afternoon

_____ 5:45pm – 6pm

_____ 6pm – 6:15pm

This request is not final until approved by the Director/Assistant Director and the Business Manager. Special requests may be made outside selected time frames but need at least a week's notice. All other requests must be turned in at least two days before the request date to be considered.

Approved by Office: _____

Date Approved: _____

Reschedule: _____

Reason: _____