**Parent/Teacher Learning Conversations**

**Please complete a separate form for each child**

Child’s Name ………………………………………………. Class ………………………….

Your Name ………………………………………………………………….

Name of additional adult joining from a different location …………………………………………………………………

Your questions for the class teacher:

|  |
| --- |
| 1. |
| 2. |
| 3. |

*Please return this form to us via your child’s class teacher by* ***Thursday 25th March****. Many thanks.*

*Please also remember to book your appointment via Scopay when the system goes live from* ***Friday 26th March.***