

Thames View Primary School

Bloors Lane Rainham Gillingham Kent ME8 7DX

office@thamesviewprimary.medway.sch.uk Head of School: Mrs D Daburn BEd (Hons), NPQH, MA

Telephone: 01634 335490

4.11.20

AUTUMN TERM PARENT/CARER – TEACHER CONSULTATIONS

Dear Parents/Carers,

In light of the National Lockdown due to the COVID-19 pandemic, we will be offering a 10 minute Parent/Carer - Teacher consultation meeting via telephone this term.

These telephone consultations, which provide a valuable opportunity to share information about your child's progress and targets, will take place during the three weeks beginning 16th, 23rd and 30th November.

The points for discussion during the consultation meetings will include:

- How your child has settled back into the school routine
- Areas of success and areas for development
- Any additional support your child is receiving

Please could you complete the attached form and return to school ASAP.

Teachers will then endeavour to contact you during your preferred weekday and time period, (either between 8-11am, 11am-1pm, 1-4pm, 4-6pm) The teacher's working day is between 8am and 6pm, but please bear in mind that they will be teaching in class for the majority of that time.

Teachers will attempt to call you up to three times and leave a short message if they are unable to make contact. Please be mindful that if you receive a call from a no caller ID number it may be your child's teacher.

If you have recently spoken with your child's teacher or feel that you do not require a telephone consultation at the current time please indicate this on the attached from.

As you can imagine each teacher will require some flexibility in organising their individual schedules for calling parents/carers, so please provide more than one preference.

If you have requested a call and have not received one by Thursday 3rd December, please contact the school office.

Thank you for your support and understanding as we try something new once again.

Kind regards

DLDaburn

Mrs Deanne Daburn

Head of School



AUTUMN TERM PARENT/CARER – TEACHER CONSULTATIONS

| CHILD's NAME: | | |
|------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|
| CHILD'S CLASS: | TEACHER: | |
| Preferred day of the week: | | |
| Choice 1 | _ Time frame for consultation: | 8am - 11am |
| Choice 2 | _ Time frame for consultation: | 8am - 11am |
| Choice 3 | _ Time frame for consultation: | 8am - 11am |
| If you have <u>no</u> preference and can be cont | tacted at any time, please tick | this box |
| Preferred telephone number: | | _ |
| If you have recently spoken with your chil consultation at this time, please tick this b | | ou do not require a telephone |
| Parent/Carer Signature: | | |

Please ensure that this form is returned to school ASAP but by Friday 13^{th} November at the latest. Thank you.

