



# MENNO SIMONS CHRISTIAN SCHOOL

7000 ELKTON DR. SW

CALGARY, ALBERTA

T3H 4Y7

(403) 531-0745



Tuesday September 6, 2016

Dear Grade 1 and 2 Parents,

As a staff we continue to learn about new and improved teaching practices. At the same time, we know the importance of knowing how each child learns, understanding that each student learns differently.

During the first few weeks in September, we as teachers are assessing and understanding our new students in order to create a program that meets their needs. In our search to understand, we need your help.

On Monday, September 19<sup>th</sup>, 2016, we are hosting a day to get to know you and your child better. Our teachers, Mrs. Karg and Ms. Janz will be holding conferences with each of their students and parents throughout the day.

From this meeting, the teachers will be creating a Student Profile in order for them to understand your child. Your information about your child is critical for the development of the year's program.

Please sign up for your chosen time slot at the office (starting on Wednesday, Sept. 14<sup>th</sup>) and attend the meeting with your child. This is the only time that will be set aside for this purpose. During the meeting, it will be your opportunity to share the information about your son or daughter with your child's teacher. Please fill out the attached survey and bring it back to the teacher by Friday, Sept. 16<sup>th</sup>.

Together we will develop the students' learning goals for the school year. If you are unable to attend the meeting on Monday, Sept. 19<sup>th</sup>, please complete the survey and return it to the teacher as soon as possible.

Thank-you for your support in this endeavor. If you have any questions or comments, please do not hesitate to contact one of the teachers or Ms. Weaver.

**Please note: There will be no classes for students in Grade 1 & 2 on the day of assessment (Monday, September 19, 2016)**

Sincerely,

A handwritten signature in cursive script that reads "Denise Weaver".

Denise Weaver  
Principal Menno Simons Christian School

## My Child Through My Eyes

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Three words to describe my child:

\_\_\_\_\_

My child's needs and challenges:

\_\_\_\_\_

Any other information you would like to share about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Three things I will do to support my child's school success this year:

\_\_\_\_\_