

**MARCH 24TH PARENT VISITATION DAY - RSVP FORM**

**RETURN BY MARCH 16TH to**

**Valerie Johnson** – valeriej@mdschblind.org or call 410-779-4731

**PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEACHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_** **WILL** attend **PARENT VISITATION DAY:** **\_\_\_\_#** of people

**\_\_\_**  **WILL** attend **LUNCH:**  \_\_\_\_\_ **#** of people

**\_\_\_** **WILL** attend **DINNER:** \_\_\_\_\_ **#** of people

**\_\_\_** **WILL NOT** attend **PARENT VISITATION DAY**

**\_\_\_** **WILL NOT** attend **LUNCH**

**\_\_\_** **WILL NOT** attend **DINNER**

**REQUEST TO SCHEDULE MEETINGS**

**\_\_\_** Meet with my child’s **TEACHER.** **NAME OF TEACHER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_** Meet my child’s with **RELATED SERVICES PROVIDERS.**

 **NAME OF STAFF:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_** Meet with my child’s **RESIDENTIAL STAFF. NAME OF STAFF:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** If your child is a **PARKVILLE** **HIGH SCHOOL** student, please coordinate with your child’s individual schedule.