**Room Parent/Teacher Initial Meeting Form**

**Teacher, Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Preferred Method(s) of Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Room Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Preferred Method(s) of Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Room Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Preferred Method(s) of Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specific Teacher Requests for Room Parent(s)**

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1. **Any help requested for the coordination of classroom volunteers? (i.e. reading, art, special experiences or projects, etc.)**
2. **Any help requested for obtaining supplies for the Classroom?**
3. **How does teacher envision Room Parents assisting with Class Projects (for fundraisers, etc.)**
	1. **Dates**
	2. **Parent Volunteers (Y/N, how can parents help?)**
	3. **Supplies**
4. **Will help be requested for coordinating support on Field Trips?**
	1. **Dates**
	2. **Parent Volunteers (Y/N, how many?)**
	3. **Supplies**
5. **Class Parties**
	1. **Occasions, dates, duration of party(ies)**
	2. **Help Needed - plan party activities? Participate during party? Provide supplies? Snacks?**
6. **Teacher’s Birthday, any special occasions anticipated during school year (i.e., weddings, births, etc.?)**
	1. **Dates**
	2. **Teacher’s favorite items (i.e., retail stores, hobbies, food/drink?)**
7. **Other**

**Preferred method & frequency of communication between Teacher/Room Parent(s) throughout school year:**