



Morris-Union
Jointure Commission
Developmental Learning Center
New Providence

330 Central Avenue
New Providence, NJ 07974

October 21, 2021

Telephone: (908) 508-1345

Fax: (908) 508-1358

Website Address: www.muic.org

Dear Parents/Guardians:

We are pleased to inform you that our Individual Parent/Teacher Conferences will be held on Thursday, November 18, 2021. This time is set-aside for you to meet with instructional staff on a scheduled basis to discuss your child's progress at the DLC. We strongly urge your attendance. You have the choice of attending a conference in-person or virtually via Google Meet on the afternoon of Thursday, November 18, beginning at 1:00 p.m. and ending at 3:30 p.m. or the evening of Thursday, November 18, beginning at 6:00 p.m. and ending at 7:30 p.m. ALL DLC STUDENTS WILL BE DISMISSED AT 12:45 P.M. ON THAT DAY. Conferences will be limited to 30 minutes so that all parents may be accommodated.

Childcare will not be offered for afternoon conferences in November. All students will be dismissed at 12:45 pm. on November 18, 2021. We are hopeful that we will be able to resume offering childcare during the Spring parent/teacher conferences.

If you would like to schedule a conference with a Speech/Language Therapist, Adaptive Physical Education Teacher, Occupational Therapist, Physical Therapist, BCBA/Behavior Specialist, or Nurse, please indicate that on the form below.

Please complete this form and return it to school by Thursday, November 11. You will then receive confirmation of your conference appointment from your child's teacher. We look forward to seeing you.

Sincerely,

Andrea Marmolejos
Andrea Marmolejos
Principal

PARENT-TEACHER CONFERENCE - Thursday, November 18, 2021
DLC - NEW PROVIDENCE

I will be attending the: ___ afternoon session ___ evening session.

I will attend the conference ___ in-person ___ virtually via Google Meet.

My preferred time is: ___ 1st preference; ___ 2nd preference.

I will not be attending the conference in-person or virtually.

I would like to schedule a conference with: APE SPEECH PT OT NURSE BCBA/BS
(Please circle)

Student's Name (please print)

Parent's Signature

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