**Little River Elementary School**

**2017-2018**

**< Teacher Name / Grade >**

**< Date >**

Dear Parents:

Teacher Appreciation Week is (FILL IN THE DATE ). We would like to show our

appreciation and say thanks to < Teacher Name > during Teacher Appreciation Week; however, we will not be asking for donations for a group gift. We have included a list of her favorites below to allow for individual participation. Please remember that participation is voluntary. If you are planning an individual Teacher Appreciation gift please bring it to be presented on (fill in date). Examples of activities for the week are listed below. Please remember this is strictly voluntary. Thank you for making this week a success for all.

o A Sweet Treat

o Homemade card or goodies

o Flower from your garden

o Donation of a book/supplies to the classroom

< Room Parent Name > < Room Parent Name >

< Telephone Number > < Telephone Number >

< Email Address > < Email Address >

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*< Teacher > Favorite Things*

Flower

Color

Season/Holiday

Snacks

Hobbies/Interests

Pets

Salty Snack

Sweet Snack

Restaurant

Store