



HOUSTON INDEPENDENT SCHOOL DISTRICT

**STAAR Practice
Grades 4 & 5**

Fourth grade students will be taking a practice Writing Assessment on February 25th. Fifth grade students will be taking a practice Math & Reading Assessment on February 25th-26th. In order to accommodate for these assessments we have made some changes to ancillary times, please see below for changes. Any grade level not listed below will continue to follow their regular ancillary time. No lunch times have been modified.

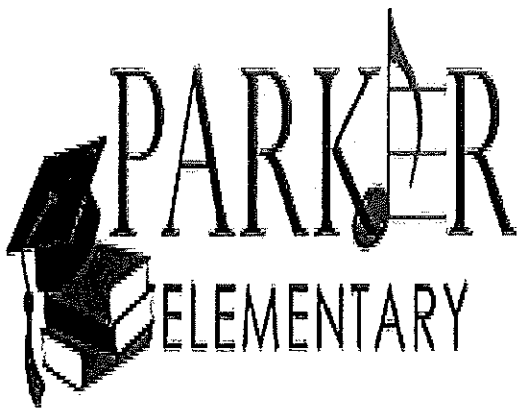
Ancillary Changes

Tuesday, February 25th - 1st Grade 8:50-9:35 4th Grade 12:40-1:25

3rd Grade 9:40-10:25 5th Grade 1:30-2:15

Wednesday, February 26th - 3rd Grade 9:40-10:25 5th Grade 1:30-2:15

Thank you for your assistance with this modified schedule.



WEDNESDAY, FEBRUARY 19TH

***PARKER ELEMENTARY-
PAPA JOHN'S PIZZA HILLCROFT
SPIRIT NIGHT***

Be sure to mention **PARKER ELEMENTARY SPIRIT NIGHT** when placing your order. The fundraiser runs from open to close (10:00am-11:00pm) on Wednesday, February 19th, for either carryout or delivery. To maximize the amount donated to **YOUR ELEMENTARY SCHOOL**, please order from the **value menu**.

PLEASE BE SURE TO MENTION PARKER ELEMENTARY SPIRIT NIGHT TO ENSURE THE SCHOOL RECEIVES THE FULL DONATION. YOU CAN ALSO ORDER ONLINE JUST MAKE SURE TO USE THE PROMO CODE: PJFUNDSCHOOL

**9718 Hillcroft
713-995-7977**

VALUE MENU

ONE EXTRA LARGE ONE TOPPING,
BREADSTIX AND A 2LTR \$19.99

FAMILY SPECIAL
ONE LARGE ANYWAY & ONE LARGE TWO
TOPPING \$24.99

*Order dinner from Papa John's Pizza on
Wednesday, February 19th, 2020
And 20% of your order will be donated to
Parker Elementary*

Limited delivery area. Carryout orders are eligible. You must mention the school when ordering. Delivery charge may apply.



Parker Elementary School

HISD Music Magnet School

10626 Atwell Dr.
Houston, TX 77096
Tel: 713-726-3634
Fax: 713-726-3660
Magnet Tel: 713-726-2122

Comprehensive Guidance Program: MeditationBuddies

Dear Parents/Guardians/Student,

My name is Susan Carlock. I am the School Counselor at Parker Elementary. I am offering a Spring Semester Meditation class to work with 4th 5th grade Parker students. Our district's Comprehensive Guidance Program promotes health and wellness for students through meditation practice.

We will meet for a total of 6 sessions starting March 23rd through April 27th.

The group will meet on Mondays during 15 minutes of the student's recess time from 2:15 to 2:30.

Research has shown that meditation has many benefits. Physically, it enhances children's posture and body awareness. In addition, meditation has been shown to increase concentration, sense of calmness, improve relaxation, reduce anxiety and increase children's well-being and self-esteem.

Please note that participation in the group is completely voluntary.

Please sign the form below to indicate your consent and return to homeroom teacher by Feb. 21.

If you have any questions you can contact me at the number or email below.

_____, Susan P. Carlock/School Counselor

Phone Number (713)-726-3634

email: scarlock@houstonisd.org

Consent to Participate in: MeditationBuddies

Student Name: _____ Grade: _____ Homeroom teacher: _____

____ I give my consent for my son or daughter to participate in **MeditationBuddies**

Parent/Guardian (please print) _____ Phone: _____

Parent/Guardian Signature: _____ email: _____

Please use this portion for any comments that might be beneficial when working with your son or daughter: (use back page if needed)



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Comprehensive Guidance Program: YOGAKids

Dear Parents/Guardians/Student,

Our district's Comprehensive Guidance Program promotes health and wellness for students through yoga exercise. I will be offering YogaKids again this Spring semester on Mondays after Spring break.

We will meet once a week for a total of ____ sessions.

YOGAKids is open to all students in 3rd-5th grade. Research has shown that school yoga has many benefits. Physically, it enhances children's flexibility, strength, coordination, and body awareness. In addition, school yoga has been shown to increase concentration, sense of calmness, improve relaxation and self-esteem.

First Class: Monday, March/23 Location: GYM

Last Class: Monday, April/27

Meeting Times: (choose ONE yoga class only) *must sign again to participate in Spring Session

Please select: *choose one session only

- o Session 1: 2:50-3:30 PM (YOGA session for 3rd-5th graders/can't have magnet on Mondays) or
- o Session 2: 3:30-4:30 PM (YOGA session for 3rd -5th graders/magnet on Mondays students)

Requirements: comfortable exercise clothes, bottle of water

Note: *yoga mats are provided by the school

Please sign the form below to indicate your consent and return to homeroom teacher by Feb.21.

If you have any questions you can contact me at the number or email below.

_____, Susan P. Carlock, School Counselor, Certified Yoga Instructor

Phone Number (713)-726-3634

email: scarlock@houstonisd.org

-----please cut and return below portion to teacher-----

Consent to Participate in: YogaKids *choose one session only

Student Name: _____ Grade: _____ Homeroom teacher: _____

- o Session 1: 2:50-3:30 PM (YOGA session for 3rd-5th graders/can't have magnet on Mondays) or
- o Session 2: 3:30-4:30 PM (YOGA session for 3rd -5th graders/magnet on Mondays students)

____ I hereby grant permission for my child to participate in YOGAKids. I stipulate that my child is physically sound to proceed with instruction in Yoga. It is further agreed that Parker Elementary and/or YOGAKids instructor are not liable for any injuries connected to the practice of yoga and are hereby forever release both parties of such charges.

____ I commit to picking my child up punctually on MONDAYS from YOGAKids afternoon class.

____ My child is part of Aftercare program.

____ My child will walk home after yoga class by him/herself.

Parent/Guardian (please print) _____ Phone: _____

Parent/Guardian Signature: _____ email: _____