



培景小学

PUNGGOL VIEW PRIMARY SCHOOL

9, Punggol Place Singapore 828845

Tel: 65701588 Fax: 65703680

Website: <http://www.punggolviewpri.moe.edu.sg>

Email Address: punggolview_ps@moe.edu.sg

Our Ref: PGVP/024/2017

17 Jan 2017

Dear Parents/Guardians

Primary 1 (P1): 2017 Academic Workshops for Parents Whose Child is in P1

We have lined up a series of academic workshops for parents, in the areas of English Language, Mother Tongue Languages and Mathematics. The objective of these academic workshops is to provide you with an overview of what your child is learning here in Punggol View so that you can better support your child at home. We will also be sharing with you some learning and teaching strategies that our teachers are using to support your child's learning in school. In addition, we will also be sharing the assessment format with you. The English Language and Mathematics workshops will be conducted in English while the Mother Tongue Languages (MTL) workshops will be conducted in their respective MTL.

We will be collecting \$3 per participant per workshop. The money collected will be used to defray the costs to prepare the workshop materials as well as to provide light refreshment for all participants. Due to space constraints and the need for parents to have a conducive environment for learning, we would be very grateful if you do not bring your child along to the workshop. Please do arrange for someone to look after your child while you attend the workshop session(s).

We would appreciate it if you could complete the reply slip attached, and enclose it with the money in an envelope. Our Administrative Staff will be stationed in the school hall to collect the envelope containing the reply slips and payment from your child during the morning assembly on Tuesday 24 Jan and Wednesday 25 Jan 2017.

We would like to inform you that we will require a minimum number of 10 participants for each of the academic workshops to run. If we are not able to run the workshop, the payment for the workshops will be returned to you through your child. Please find the details of the academic workshops in the overleaf. If you are not able to attend the workshop after paying for the session, we will pass the materials to your child so that you could refer the materials for your reference. Please feel free to contact your child's subject teacher if you need any assistance.

We thank you in advance for your support and we look forward to your participation at the workshops. Thank you.

Ms Balbir Kaur
HOD English Language

1

Our Mission
Touching Lives, Inspiring Future



Our Vision
Confident Learners, Active Citizens

Workshop Details

Subject	Day / Date	Time	Topics covered
Mathematics	Friday 17 Feb 2017	7.15 pm to 9.00 pm	<u>Assessment Format</u> <ul style="list-style-type: none"> P1 MA Assessment Format <u>Whole Numbers</u> <ul style="list-style-type: none"> Number bonds Addition & Subtraction Algorithm <u>Word Problem</u> <ul style="list-style-type: none"> Model Drawing <u>Multiplication & Division</u> <ul style="list-style-type: none"> Multiplication & Division <i>*combined workshop with P2</i>
English Language	Friday 3 Mar 2017	7.15 pm to 9.00 pm	<u>Assessment Format</u> <ul style="list-style-type: none"> P1 EL Assessment Format <u>Reading Skills</u> <ul style="list-style-type: none"> Reading Aloud Reading Comprehension <u>Speaking Skills</u> <ul style="list-style-type: none"> Show & Tell Picture Discussion
Chinese Language	Friday 31 Mar 2017	7.15 pm to 9.00 pm	<u>Assessment Format</u> <ul style="list-style-type: none"> P1 MTL Assessment Format <u>Language Skills</u> <ul style="list-style-type: none"> Picture Description (CL) Using BiDiSAMBa Strategy for Speaking & Writing (ML) Developing Reading Skills (TL)
Malay Language			
Tamil Language			



To: The Administrative Staff, PGVP

Our Ref: PGVP/024/2017

Reply Slip for Academic Workshops for Parents 2017 – Primary 1

I, parent of _____ of Primary 1 _____, would like to attend the following academic workshop(s) for Parents 2017. I hereby enclose the payment of \$_____.

Please indicate the number of participants for the workshop(s) you would like to attend.
\$3 per participant per workshop.

No of Parents attending	Subject	Date	Time	Amount
	Mathematics	Friday 17 Feb 2017	7.15 pm to 9.00 pm	
	English Language	Friday 3 Mar 2017	7.15 pm to 9.00 pm	
	Chinese Language	Friday 31 Mar 2017	7.15 pm to 9.00 pm	
	Malay Language			
	Tamil Language			
Total				\$

Name(s) of parent(s) attending: (1) _____

(2) _____

Vegetarian meal request: (please tick if required)

Signature: _____ Contact Number: _____

Please complete this reply slip, and enclose it with the payment in an envelope. Please write your child's name and class clearly on it.

Please remind your child to pass the envelope to the Administrative Staff in the School Hall on

Tuesday 24 Jan and Wednesday 25 Jan 2017.

