

Classroom Placement Parent Input Form

Please complete this form to aid in the classroom placement of your child for the next school year. **This form will be accepted between March 1st and April 15th.**

Student Name: _____ Current Grade & Teacher: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian perception of the student:

A. Personality

1. Identify strengths:

2. Identify limitations:

3. Identify areas of need:

B. Learning Environment (Please check the items that apply to your child)

Displays good social skills

Enjoys listening to music when reading

Is inquisitive

Learns best in a quiet area without distraction

Learns best when seeing something modeled

Learns best from hearing how to do something

Learns best in a highly structured atmosphere

Learns by doing

Likes to learn on his/her own (socially motivated)

Needs direction repeated

Needs lots of encouragement

Works well in groups (socially motivated)

Works independently

2. Describe the kind of learning atmosphere your child needs to be successful: _____

Please Note:

Do not request a specific teacher. Student placement is determined by academic needs, behavior characteristics and overall composition of students at a grade level. The final responsibility for placement rests with school district personnel. Input given by parents or outside agencies will be considered in making the placement.

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This form is the only communication that will be accepted.
Please feel free to call the office at 634-1234 if you have any questions.