

# Parental Input Form for Classroom Placement

(Optional - not required)

Please understand that this is **NOT** a teacher request form.  
(Teacher's names will be redacted from the form.)

_____	_____
Student's Name	Current Grade Level

Thank you for taking the time to complete this input form for your child. This opportunity provides additional background information that helps us understand your whole child. The data our team brings to the table about every student's educational information (health needs, Title L, Special Education, 504, OT, PT, speech, ELL, etc.) in addition to the following list below will guide us to place students where they will be most successful.

- |                                |                             |
|--------------------------------|-----------------------------|
| motivation                     | cooperation                 |
| school behavior                | boy-girl ratios             |
| social-emotional factors       | learning styles of students |
| teaching style of the teachers | relationships with others   |

1. The most important information to consider about my child when making the class/teacher placement is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please describe the academic strengths and needs of your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please describe any social/emotional/health needs/personality traits that may affect your child's placement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	_____
Parent Name/Signature	Date