

Parental Input Form for Classroom Placement

(Optional - not required)

Student's Name

Current Grade Level

Thank you for taking the time to complete this form. Our team takes into account each student's level of academic ability, their study skills, the need for support services (health needs, Title I, special education, 504, OT, PT, speech, ELL, etc.) as well as:

motivation
school behavior
social-emotional factors
teaching style of the teachers

cooperation
boy-girl ratios
learning styles of students
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