(*Optional input regarding student placement considerations for the 2019-2020 school year.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name |  | Current Teacher |  |
| Parent/Guardian’s Name |  | Current Grade |  |

The information shared is confidential and will be reviewed by members of the Student Placement Team(s) which include teachers from your child’s current grade level, Special Services representatives, and the principal or counselor.

We ask that you refrain from using this opportunity to request a specific teacher or describe that teacher. Individual requests for specific teachers cannot be honored. The following points will be considered when placing students in classrooms for next year:

Placement Criteria

|  |  |
| --- | --- |
| \*Academic Abilities equally distributed  \*Social and Behavior Needs  \*Current Teacher Input | \*Boy/Girl Ratio  \*Parent Input  \*Special Needs |

1. Outside of the school setting, how does your child seem to learn new skills?
2. Is there any specific student from whom your child should be separated? Your input will be considered; however, we have limited sections per grade level and may not be able to honor the request. Please explain the concern:
3. Who are some of your child’s most supportive friends? We cannot determine class placement based on friendship, but we consider this when possible.
4. Characteristics that strongly apply to your child: (please circle)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| Assertive | Active | Artistic | Strong Willed | Day Dreams | Musical | Analytical | Verbal |
| Athletic | Cries Easily | Energetic | Shares Easily | Impatient | Friendly | Social | Easily Angered |
| Inquisitive | Cooperative | Creative | Fearful of new situations | |  |  |  |

1. What do you feel helps your child be motivated and productive (learning environment, learning styles, structure, etc.)?

Please print and submit hard copy forms to the office, Attn: Heather Frazier by Tuesday May 28, 2019.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_