Parent Input Form – Spring 2015

You are invited to provide the following information that will help us in the placement of your child next year. Your input will help us as we formulate classes for the school year. **Please do not request a specific teacher.** We appreciate the trust you have in us as we make our class lists and do what is best for all of our students. **FOR PLANNING PURPOSES, THIS FORM MUST BE RETURNED TO THE SCHOOL OFFICE by Wednesday, May 1, 2015.** Thank you for your help.

Student Name ________________________ Current Grade & Teacher ________________

Parent(s) Name __________________________________________________

Parent Perception of the Student:

**Personality**

1. Strengths

2. Area(s) needing development

**Academic Level**

1. Specific strong area(s)

2. Specific area(s) needing development

Other pertinent information helpful in placing your child:

Characteristics desired in a teacher (Please do not list the name of a specific teacher):