

STUDENT PLACEMENT PARENT INPUT SHEET

Student Name _____ Grade Entering _____

Parent Name _____ Current Teacher _____

The completion of this form is **optional**, but is due by 4:00 pm on May 1st.

1. Please rate the characteristics that best describe your child:

_____ shy	_____ outgoing
_____ independent	_____ dependent
_____ easily distracted	_____ attentive
_____ cooperative	_____ self-motivated
_____ active	_____ self-disciplined

Other information that we need to know:

2. Your child's previous schools and teachers:

PreK _____	Kindergarten _____
1 st Grade _____	2 nd Grade _____
3 rd Grade _____	

3. My child loves these three subjects the most:

_____ Reading	_____ Math	_____ Science	_____ Social Studies
_____ Writing	_____ PE	_____ Music	_____ Computer

4. List the three characteristics that you value most in your child's teacher or classroom environment:

1. _____

2. _____

3. _____

In forming classes, we will spend countless hours considering the boy/girl ratio, teacher recommendations, social groups, friendships, personalities, academic strengths and weaknesses, and other factors in composing a class. In addition, each year we have teachers who are new or teachers who want to change grade levels. Thank you for helping us with one of the most difficult tasks that takes place before school ever begins.

I understand that I must return this input sheet to the office in a sealed envelope addressed to Mrs. Michelle Anderson by 4:00 on May 1st. I also understand that specific teacher requests will not be considered, either on this form, in an email to the Principal, by phone or discussing with the Principal in person. DO NOT list a teacher by name. Forms that list a specific teacher will be returned to you.

Parent Signature

Date