Student Name (PRINTED) ______ Parent Signature

Phone #

2024-2025 Optional & Confidential Class Placement Parent Input Form

In preparation for the 2024-2025 school year, we are offering parents the opportunity to give input regarding class placement by completing this optional form. Whether you choose to complete this form or not, great care will be used in placing each student for the next school year. Parent placement input will only be taken using this form. We will consider the information below as we make the BEST possible placement for your child. DO NOT request a particular teacher by name, list any descriptors that may point to a particular teacher or request to have your child placed with another student (exception for twins). Please understand that this input form is not a guarantee in any way. This form is confidential and is used for the sole purpose of student placement.

Please submit a hard copy of this form to the front office to the attention of Mrs. Meador or Dr. Spooner by 3 pm on March 22, 2024. Due to SPAM filters, email submissions cannot be accepted. You may send your form to school with your child or drop it off in the front office from 7AM-3PM Monday – Friday. No submissions will be taken after 3 pm on March 22, 2024.

DESCRIBE YOUR CHILD'S SPECIFIC LEARNING NEEDS IN THE SPACES PROVIDED BELOW:

| 1. Describe your child's learning style and how he/she learns best. Requests for SPECIFIC teachers will not be honored. | | | | |
|---|--|-----------------------|--------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2. Detail any peer concerns. If you have shared concerns about a peer in the past, please list the same concerns here. We will do our best to honor this request, but based on services/programs required, we may not be able to do so. | | | | |
| | | | - | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 3. Please list any other information you would like for administration to consider in deciding the placement of your child. If your child is a twin, please list here if you would like them placed in the same class or separated. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Please LIST Previous Teachers: Please circle/highlight any special services for which your child has been identified: | | | | |
| К | | 504 Plan | | Early Intervention Program (EIP) |
| 1st | | | | |
| 2nd | | Gifted/Target | Speech | Special Education |
| 3rd | | | | |
| 4th | | Advanced Content (AC) | | English Speakers of Other Languages (ELL) |