

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_



# Parent Input Form 2009-10 School Year

Student: \_\_\_\_\_ Grade Level 09-10: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please consider these characteristics or special needs of my child** when a classroom assignment is determined for the upcoming school year. I understand that a final decision on classroom placement resides with a team of teachers working with the administrators, that the team will use the Classroom Placement Policy as its guide in making placement decisions, and that I may state characteristics and special needs but will refrain from mentioning a specific teacher by name. Teachers will read the comments that I make.

Academic:

Social (i.e. ability to get along with others, cooperation, respectful):

Emotional (i.e. overly sensitive, anxiety, cries easily):

Physical/Health Conditions:

Other major issues, concerns, or suggestions regarding my child's placement, which are not addressed by the above: