TO GUARANTEE CONSIDERATION OF PARENT INPUT INTO CLASS PLACEMENT, INPUT MUST BE RECEIVED BY THE SCHOOL BY May 2nd.

PARENT INPUT INTO CLASS PLACEMENT

Student’s Name:___________________________________________________________

Student’s Current Grade:___________________________________________________

Student’s Current Teacher:_______________________________________________

Parent’s Name Completing this form:_______________________________________

Parent’s email address of preference:_______________________________________

Parent’s phone number of preference:_______________________________________

What is this student’s unique &/or significant concern? (Examples: past conflict with certain peer, medical concern, social/emotional concerns, ADHD, anxiety...)

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What would you like the school to consider during classroom placement or in planning for the student’s transition? (Examples: separate from a specific person, placement with a comfort peer, etc.)

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