



Student Name:				Entering Grade:				
We love to receive information that will assist us in placing your child in an optimum classroom to suit his/her individual needs. Please indicate on the form below, those specific teacher qualities and traits that you feel would benefit your child to flourish in his/her current grade level. In addition, please indicate the type of learner that he/she is and any specialized services that he/she is currently receiving. If you wish, in the section at the bottom of the form, you can include a more individualized response. Although we do not honor specific teacher requests, you may indicate that you are looking for a teacher with similar qualities and traits of a teacher that you may know.  Select 1-2 of the top priorities from each of the following: Style, Knowledge, and Qualities  Please place a check next to ONLY those areas that are a HIGH need.								
Teacher Style:				Tea	cher has high knowledge with:	Tea	eacher Qualities:	
	Nurturing				ADHD		Highly Organized	
	Cooperative Learning				Individualized Instruction		Dynamic Personality	
	High Structure				Learning Styles		Understanding	
	Technology Based				Behavior Management		Interpersonal Skills	
	Hands-on Learning				Parent Communication		Fun & Entertaining	
	Project Based Learning				Remediation/Special Education		Supportive	
	Patient				English Language Learners		High Expectations	
My child is this type of learner								
	Visual		Auditory	<u></u>	☐ Reading/Writing		Learns best hands-on	
The following best describes my child								
	High Energy		Lots of fr	ien	ds	ends		
My child receives specialized services in the following area(s)								
	GATE				Special Education Services		504 Plan	
	Counseling				English Language Learner		Behavioral Support	
Additional Comments:								

Please fill out this form and hand deliver to the Vassiliadis front office, no later than June 21, 2019, to ensure that your input form is received prior to classroom assignments being completed.