



Student _____

School Year _____

Grade Level _____

If you feel your child has exceptional needs that we should consider, please answer the following questions. Do not request teachers by name, but rather describe the particular learning style and needs of your child, to help us ensure the best teacher/student fit. Thank you!

Please describe the education you want for your student.

Describe your student's strengths.

Describe your student's challenges.

What type of learning environment works best for you child?

Describe your student's extracurricular activities and interests.

Describe your student's general attendance pattern.

*Please answer the next two questions if coming from another school:

Describe the ways your student's current school program is not meeting your student's needs.

Describe issues your student may have had with behavior in the current school setting.

Input due by May 31 to be considered for the following school year