



**Sequoia Elementary School  
Parent Input Form- Kindergarten**



In a few short weeks, the teachers and administrators will be configuring our classes for next year. Class placement is a very challenging process that takes into account teacher, parent and administrator input. The *ultimate* goal of this process is to create classes that promote high achievement for all students through a heterogeneous balance. Heterogeneous classes have a balance that reflects gender, ability and special needs. This balance allows for diversity within each classroom. Our staff will work very diligently toward this goal! In order for us to accomplish this goal, **we will not honor specific teacher requests. Forms with specific teacher names will be discarded.**

If you would like to provide information about your child, please fill out this questionnaire. All information must be written on this form for it to be considered when placing your child in a class for next year. This questionnaire needs to be returned to your child's teacher by **Monday, April 8, 2019.**

**Directions:** *The following questions are a guide for you to share information about your child and any concerns you may have about the placement of your child.*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Any previous school experience? (Preschool, repeat kindergarten, etc.) yes \_\_\_\_ no \_\_\_\_

Who is currently your child's teacher: \_\_\_\_\_

Any special education concerns? Yes \_\_\_\_ No \_\_\_\_ If yes, what are they?

*Please circle any of the following characteristics that best describe your child. You may circle more than one in any category.*

Initial response to new experiences

Enthusiastic	Withdrawn
Over stimulated	Fearful
Matter-of-fact	Resistant
Timid	Jumps-right-in

Response to other adults

Friendly	Reserved	Clinging
Warm	Aloof	Resistant
Affectionate	Casual	Self-conscious
Demanding	Independent	Fearful

Response to other children

Friendly	Timid
Indifferent	Follows
Cooperative	Frightened
Watcher	Teasing
Dominating	Shy
Cautious	Submissive
Reserved	Antagonistic

Energy Level

Excessive	High	Moderate
Low	Variable	

Possible Expressions of tensions

Sucks thumb or finger	Excessive fears
Twists or pulls hair	Anxious
Blinks eyes	Cries
Extreme withdrawal	Stutters

1. Is there any special health, personal, or behavioral concern you would like to share?
  
2. What do you see as the best type of learning environment for your child?
  
3. Are there any special circumstances you would like us to consider?
  
4. Any other comments you would like to add? (You may use the back if needed)

\_\_\_\_\_ Please check if you would like the new teacher to receive this information.