

Newmarket Elementary School
Parent Placement Input Form

Student's Name _____

Current Teacher: _____

Parents: _____

Daytime Phone: _____

1. What learning methods, techniques, have worked for your child in the past?

2. What are your child's greatest academic, social and emotional strengths?

3. What are your child's greatest academic, social and emotional needs?

4. Is there a specific goal you would like to see next year's teacher work toward with you child?

5. Additional Comments:

For Parents of Current Kindergarten Children Only:

** 1st Grade Classroom Preference: ___ No Preference ___ Traditional ___ 1/2 Mix**