

## Quincy School District 144 - 101

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Dear Quincy School District community,

It's almost time to begin planning classroom assignments for next year. Here at the Quincy School District, we go through a very careful and thoughtful process to determine the placement for each student for fall.

Our goal is to provide the best possible learning environment for all students. To accomplish this, we will work with your child's current teacher and counselor to determine a classroom placement for next year. We consider many factors during this process including academic needs, social interaction, learning style, gender and any other special needs. In addition, we will focus on forming the best possible combinations for students to work together. Setting up classes is, at best, a difficult and time-consuming task. Our main concern is that we have balanced classes that serve the welfare of all students.

As a partner in our education process, you have valuable insight into your child's needs. In place of a teacher request form, we invite you to complete a **Parent Input for Student Placement Form** on the following page. The information you provide can be valuable help to us with our placement process. Please note, as the form explains, specific teacher requests are not accepted. The mix in the classroom can be unbalanced if we honor individual teacher request. In addition, staffing can change over the summer and specific requests leave no guideline for change. This form is simply a way for you to give input.

While we begin the class placement process in the spring, the class list does not become final until our enrollment becomes stable. We recognize that changes after the school year has begun can be difficult. Please know that while we try to plan ahead, changes in room assignment after the school year has started are always a possibility due to enrollment.

The Parent Input form must be returned by May 3, 2019 for consideration. We appreciate your understanding and respect for the placement process.

Thank you

Child's name:	School:
	Age:
How many siblings does your child have?	Ages:
Did your child attend preschool? ☐ Yes ☐ No If	yes, where and how often?
Preschool teacher:	
What words describe your child's personality?	
What are your child's strengths and special interests?	
Do you have any concerns for your child?	
Any allergies or health concerns?	
	child? We take many factors into considerations as we personalities and friendships. Specific teacher requests
SKILLS INFORMATION	
Please check the boxes for things that your child is able to do MOST or ALL of the time.	
☐ Counts 1-10 from memory	☐ Says ABCs or sings ABC song
☐ Counts 11-20 from memory	☐ Writes his or her first name
☐ Counts 10 objects accurately	☐ Knows first and last name
☐ Identifies basic colors	☐ Knows the letters in his/her name
☐ Identifies basic shapes	☐ Sits and listens to a storybook
☐ Cuts scissors on a line	☐ Is completely independent in toileting
Parent Signature Phone	