

# Echo Lake Elementary - 2010/11 School Year

## Student Placement Considerations



Student's Full Name: \_\_\_\_\_

Current Teacher: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Daytime Phone number: \_\_\_\_\_

Please tell us how your child learns best:

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What teacher characteristics are most important to you & your child?

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Are there any social issues or peer interactions that we should take into consideration when placing your child in a class?

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Other pertinent information?

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