

## **2024-25 CLASSROOM PLACEMENT INPUT FORM**

Complete the information below and return it to the MAES Office by Friday, May 3, 2024.

## PLEASE DO NOT REQUEST A SPECIFIC TEACHER.

We cannot honor requests that include the name of a teacher.

To help us place your child, please answer the following questions:

| Child's Name:                                                                  | Current Grade:                                      |
|--------------------------------------------------------------------------------|-----------------------------------------------------|
| Present Teacher's Name:                                                        |                                                     |
| Parent Signature:                                                              | Date:                                               |
| 1. Please identify your child's strengths that you would like MAES to nurture: |                                                     |
|                                                                                |                                                     |
|                                                                                |                                                     |
| 2. Which of your child's skills/attitu                                         | ides could MAES help to improve?                    |
|                                                                                |                                                     |
|                                                                                |                                                     |
| 3. Describe your child's learning sty                                          | le or the environment where your child learns best. |
|                                                                                |                                                     |
| 4. What do you perceive as the tead                                            | cher's role in your child's life?                   |
|                                                                                |                                                     |
|                                                                                |                                                     |
| 5. Does your child have any health                                             | concerns or physical limitations?                   |
|                                                                                |                                                     |
|                                                                                |                                                     |
| 6. Does your child have any uneasir                                            | ness about school that we should know?              |

7. Is there anything else we should know about your child? DISTRICT OFFICE, MIDDLE SCHOOL, HIGH SCHOOL, ELEMENTARY W.I.N ACADEMY 409 4th St. SE 500 John St.,