

Matthews Elementary Input Form

Student's Name: _____

Grade for **2022-2023**: _____

Parent/Guardian Name: _____

Date of Birth: _____

Thank you for helping us more fully understand your child! Please provide some information so that we can place your child in the best environment and can be prepared to address their needs to ensure success!

*Please Note: We will not review parent input forms submitted from previous years. Please make sure to include all pertinent information on this form. **In addition, specific teacher requests will not be honored.***

Academic: Please provide academic strengths/needs.

Has your child been retained or recommended for retention? Yes or No

Does your child have specialized services or learning needs? Yes or No

If yes, please circle all that apply:

ADHD

Anxiety

SI (Speech Language/Articulation)

AU (Autism Spectrum Disorder)

SLD (Specific Learning Disability)

OHI (Other Health Impairment)

HI/VI (Hearing/Visual Impairment)

SED (Serious Emotional Disability)

DD (Developmental Delay)

ELL (English Language Learner)

TD/AG (Talent Development/Academically Gifted)

IEP (Individualized Education Program)

504 Plan

Social/Emotional: Please describe your child's social and group situation strengths/concerns.

Please circle the categories that best describe your child's personality. In the last blank write a word you use to describe your child.

Dramatic

Obedient

Lively

Intense

Easy-Going

Caring

Talkative

Calm

Considerate

Aggressive

Confident

Shy

Anxious

Impulsive

Quiet

Independent

Perfectionist

Helpful

Organized

Strong-Willed

Flexible

Sensitive

Rigid

Behavior/Work Skills: Please describe your child's behavior, independence, maturity and work habits.

Please circle the words/phrases for each category that best describe your child.

Work Habits: Does Not Complete Tasks

Inconsistently Completes Tasks

Consistently Completes Tasks

Independence: Needs Help and Direction

Works Cooperatively

Self-Directed

Behavior/Maturity: Immature

Age Appropriate

Excellent

Environment/Teacher: Please describe the learning environment and teacher characteristics that will best match your child's learning needs/personality.

Physical: Please describe any medical concerns (allergies, medical history, diagnoses, medications, etc.)

(If applicable) Please separate my child from _____