



Sequoia Elementary School Parent Input Form- Kindergarten



In a few short weeks, the teachers and administrators will be configuring our classes for next year. Class placement is a very challenging process that considers teacher, parent, and administrator input. The *ultimate* goal of this process is to create classes that promote high achievement for all students through a heterogeneous balance. Heterogeneous classes have a balance that reflects gender, ability, and special needs. This balance allows for diversity within each classroom. Our staff will work very diligently toward this goal! For us to accomplish this goal, **we will not honor specific teacher requests. Forms with specific teacher names will be discarded.**

If you would like to provide information about your child, please fill out this questionnaire. All information must be written on this form for it to be considered when placing your child in a class for next year. This questionnaire needs to be returned to your child's teacher or the Sequoia office by **Monday, April 8th, 2024.**

Directions: *The following questions are a guide for you to share information about your child and any concerns you may have about the placement of your child.*

Student Name: _____ Date: _____

Any previous school experiences? (Preschool, repeat kindergarten, etc.) yes ____ no ____

Who is currently your child's teacher: _____

Any special education concerns? Yes ____ No ____ If yes, what are they?

Please circle any of the following characteristics that best describe your child. You may circle more than one in any category.

Initial response to new experiences

Enthusiastic	Withdrawn
Over stimulated	Fearful
Resistant	Jumps-right-in
Timid	

Response to other adults

Friendly	Reserved	Clinging
Warm	Aloof	Resistant
Affectionate	Casual	Self-conscious
Demanding	Independent	Fearful

Response to other children

Friendly	Timid
Indifferent	Follows
Cooperative	Frightened
Watcher	Teasing
Dominating	Shy
Cautious	Submissive
Reserved	Antagonistic

Energy Level

Excessive	High	Moderate
Low	Variable	

Possible Expressions of tensions

Sucks thumb or finger	Twists or pulls hair
Anxious	Cries
Withdrawal	Stutters

1. Is there any special health, personal, or behavioral concern you would like to share?
2. What do you see as the best type of learning environment for your child?
3. Are there any special circumstances you would like us to consider?
4. Any other comments you would like to add? (You may use the back if needed)

_____ Please check if you would like the new teacher to receive this information. ☐