

STUDENT NEEDS SURVEY

Completion of this form is optional.

Please complete separate forms for individual children within the same family.

(Student Name)

(Grade – Next Year)

Annual Placement of your student is an important decision. Your responses to the questions below will assist the administration and staff in making placement for the coming school year. Decisions for placement will be determined by academic needs and learning styles. While the school cannot promise to fulfill all requests, we will make every effort to meet the needs of each student, so all can be successful.

Please do not mention specific teacher's names on the survey, as staffing has not been fully determined for next year.

I think my student's learning style is:

- | | |
|--|---|
| <input type="checkbox"/> auditory (listening, musical) | <input type="checkbox"/> visual/spatial (pictures, images), |
| <input type="checkbox"/> logical (mathematical) | <input type="checkbox"/> works independently |
| <input type="checkbox"/> tactile/physical (hands-on, movement) | <input type="checkbox"/> works well (in groups) with others |
| <input type="checkbox"/> verbal (words - both spoken and written) | |
| <input type="checkbox"/> Other: _____ | |

Please describe your child's:

Academic Strengths:

Academic Challenges:

Specific needs that my student has include (If you wish to share any confidential information regarding your student's needs, please set up a conference with his/her homeroom teacher):

Parent/Guardian Signature(s): _____ Date: _____

THANK YOU FOR YOUR RESPONSES. Please return this assessment sheet to the school office by May 31st.

Date Received: _____