



# Banks School District #13

42350 NW Trellis Way,  
Banks, OR. 97106  
Office: 503-324-8591

## Optional Parent Input Form Student Placement *(Please write clearly)*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name *(Type)*: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Phone: \_\_\_\_\_

1. What are the unique needs of your child? *(Consider academic, behavioral, psychological, physical, learning style, etc)*

2. What type of learning environment do you think would best meet the unique needs of your child?

3. Is there any other information about your child that you feel would be helpful for us when considering placement? Please consider any particular situations to avoid or any particular children with whom your child does not do well.

Parent/Guardian *(signature)*: \_\_\_\_\_ Date: \_\_\_\_\_

### **Important information to consider:**

*You may have the desire to request a specific teacher. However, it will be much more valuable for us to know which type of learning environment you feel would benefit your child. Please understand that the final placement rests with the school. Class placements are a complex process with thoughtful planning which considers the needs of all students. You will receive a class placement letter in August.*