

Minnewaska Area Schools

Classroom Placement Input Form

Complete the information below and return it to the MAMS Office by May 1st.

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: _____ Upcoming School Year: _____

Current Teacher's Name: _____ Current Grade: _____

Parent Signature: _____ Date: _____

1. Please identify your child's strengths that you would like MAMS to nurture:

2. Describe your child's learning style or the environment where your child learns best.

3. What do you perceive as the teacher's role in your child's life?

4. Does your child have any uneasiness about school that we should know?

5. Is there anything else we should know about your child?

