

CASIS ELEMENTARY

Parent Input for Placement – PK

Creating classes that address the needs of all students is a complex process. We welcome your thoughts regarding the learning environment that will work best for your child, and thank you for not requesting teachers or classmates by name.

Child's name: _____
first last name s/he likes to be called

Birthdate: _____, _____ Current age: _____

Birthplace: _____ Gender: _____

List all previous schools (public or private): _____

Ethnicity: _____ Language spoken at home: _____

	Mother	Father
Name		
Address		
Occupation		
Primary ph #		
Secondary ph #		
Email		

If not living with parents: _____
name relationship

List all children in family, **including this child**, in order of birth:

Name	Gender	Birthdate	Age	Grade

Health conditions/concerns: _____

Severe (anaphylactic) allergies: _____

My child needs to learn: _____

What is the nicest thing about your child? _____

Does your child have any special development needs (speech, occupational or physical therapy, etc.)? Please attach any relevant information. _____

Place an "X" below to describe your child's work habits and behaviors.

	seldom	sometimes	most of the time	all of the time
recognizes alphabet				
knows letter sounds				
writes the letters				
reads word				
identifies colors				
counts to ten				
recognizes numerals 1-10				
recites first & last name				
follows two-step directions the first time, ex: "brush your teeth & put on your pajamas"				
follows routines independently, ex: dresses self & combs hair				
listens attentively to a bedtime story				
attends to a task for five minutes or more				
plays well with others				
accepts consequences when corrected				

Please return this form with your child's registration packet. Attach any additional information from your child's previous school if you feel it might be helpful. The principal is responsible for final class placement.

Parent signature: _____ Date: _____