

Student Placement Sheet

To assist in the placement of your child in his/her new school for class scheduling purposes, please complete the following information:

Student's Name: _____ Grade: _____

1) Is your child currently receiving any of the following (check all that apply):

- _____ Title One (Remedial Reading)
- _____ Gifted Program
- _____ Speech*
- _____ Occupational Therapy*
- _____ Physical Therapy*
- _____ Special Education classes*

*Please provide a current copy of your child's IEP (Individualized Educational Program) and ETR (Evaluation Team Report)

2) Has your child ever been retained? _____ Yes _____ No

If yes, in which grade was your child retained? _____

3) Are there any other concerns that would affect your child's educational learning process that we should be aware of? _____ Yes _____ No

If yes, explain: _____

4) ONLY for Middle School (grades 5-8): Place an "X" to indicate your child's most recent placement at his/her former school.

All Regular Classes: _____

Advanced Classes:

Language Arts & Reading _____

Mathematics _____

5) ONLY for Middle School & High School:

Choir _____ Band _____ Athletics _____

Signature: _____

Relationship to Student: _____

Date: _____