



Student Name: _____

Parent Name: _____

Phone: _____ Current Grade: _____

Current Teacher: _____

Dear Parent/Guardian(s):

We are asking for your input for the next school year because you know your child best. Please answer the following questions. Please understand that your input will be considered along with several other factors. Please do not request a specific teacher by name. Instead describe circumstances and teacher qualities that bring out the best in your child.

Please submit by: Tuesday May 24, 2016

Input provided after this date may not be considered due to time constraints.

What do you see as your child's strength's? _____

What do you see as something your child needs to improve on? _____

Are there any medical issues we need to be aware of? _____

What qualities are you looking for in your child's teacher? _____

Do you have a request for separation from another student? If so whom? _____

Are there any special circumstances or information you would like to share? (Use back if necessary):

Parent/Guardian Signature

Date

Form may be emailed to: jacksond3@leonschools.net faxed: (850) 921-4231 or returned to the office.