

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? It	f so whom?
Are there any special circumstances or information you would	l 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.

"The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), race, age, color, ethnicity, national origin, religion, pregnancy, marital status, disability, sexual orientation, or genetic information."