



**SNOHOMISH
SCHOOL
DISTRICT**

TOTEM FALLS ELEMENTARY

Principal: Hawk Cramer
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**** OPTIONAL ****

PARENTAL INPUT FORM

Totem Falls 2018/19 Class Placement

Due By: May 10, 2018

At Totem Falls, we enjoy a strong and diverse teaching staff dedicated to helping all students learn. The TFE staff realizes that your child's classroom placement is important to you and that all students have different learning styles and needs. In an effort to give you an opportunity to make us aware of any **EXCEPTIONAL needs** or **conditions** that your child may have, we are providing this input form. When filling out the form, please note the following:

- 1) The information you provide **will** be used by our staff in their 2018/19 placement meetings. Please be thoughtful about the content.
- 2) **We do not consider requests for specific teachers or guarantee** placement with peers in a specific class.
- 3) We try to connect students with friends suggested and separate students from those who have experienced significant difficulty together. (Please list names in the appropriate section)

Our goal is to ensure that all Totem Falls students have equal opportunity for a positive and strong educational experience. In determining placement, the grade level team will carefully consider your information, our observations at school, and issues of classroom balance. Student placement will be made public on Skyward after August 27, 2018.

Completion of this form is **OPTIONAL**. **All students will be given the same level of consideration** when being placed in a class, whether or not parent input is given.

2018/19 Grade Level (Next Year) _____

Child's Name _____ **Current Teacher** _____

A. Share any **EXCEPTIONAL** information or specific learning needs your child has.

Medical:	Family concerns:
Social:	Academic:

B. FRIENDSHIPS (Optional): If possible, and if it contributes to a positive learning atmosphere for both children, please place my child with one of the following children.
(We will try to place at least one of these options with your child, but our priority is on “learning”).
Please list no more than three. (Try to include last names/initials)

1. _____
2. _____
3. _____

And/or due to **SEVERE** problems, or behavioral history, please try to separate my child from:
(Please limit to “one” unless there are extenuating circumstances.)

1. _____

C. Siblings: (Please include blended family connections.)

Name: _____	18/19 Grade Level: _____
Name: _____	18/19 Grade Level: _____
Name: _____	18/19 Grade Level: _____
Name: _____	18/19 Grade Level: _____

Signed _____ Date _____

Please return this form to the office by Thursday, MAY 10, 2018 so that we can incorporate your input in the initial phases of the development of groups of students for 2018/19.

Thank You!