



Linton Placement Feedback Form

(This information will be shared with next year's teacher.)

Child's Name: _____ Today's date: _____

*Reminder: We do not accept teacher requests. Please **DO NOT** name a teacher for your child....or a teacher that you do **NOT** want for your child.*

1. What are your child's greatest needs?

2. What kind of classroom environment would most benefit your child?

3. What other considerations are important for class placement decisions?

_____ parent signature

Please feel free to attach another piece of paper to add more information.