Learning Environment Information Form

Child's Name:	Grade Next Year:
Parent/Guardian Name/s:	Daytime Phone:
For Office Use Only:	
Date received: Sub	mitted by:
Received by:	
Creating balanced classrooms that focus on meeting ALL students' needs is our top priority. Parents/guardians may wish to provide additional information to be considered by the Ada Vista placement team. Please note that requests for specific teacher placements will not be considered and will be returned to you via US mail, and that this form will be viewed by this year's teachers in your child/ren's grade level as part of the placement process. My child works best in a classroom that is	
My child is motivated by	
My child's strengths include	
My child needs the most help with	
In the past, my child has done the best when	

THIS IS NOT A TEACHER REQUEST FORM.

Please return no later than Monday, May 8, 2017.

* Please note that there is no guarantee that friend requests will be honored as we are striving to provide the most appropriate learning environment for each individual student.