



**Parent Input Form
First Grade 2020 - 2021**

Name of Child: _____

Parent or Guardian Name(s): _____

Parent or Guardian Contact Number: _____

If you wish to have input into your child's placement decision, you must return this form to the West Elementary Office **by Friday, May 8th**.

Parent input will be considered relative to both the unique needs/traits of their child and other special circumstances in their lives. In this regard, school personnel find most useful your views on:

- The way in which your child learns best
- Unique educational, emotional or social needs
- The type of classroom environment which you think might be most suitable for your child
- Peer relationship consideration

WE ASK THAT YOU DO NOT REQUEST A SPECIFIC TEACHER BY NAME

1. I would appreciate if my child would not be in the same classroom as: (i.e. related, difficult getting along, same daycare etc.)

Details and/or reasons for this request: _____

2. Other information you should know about my child:

Return this form to the West Elementary Office by Friday, May 8th.

Date Received in the Office: _____

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