**Shaker Heights City School District**

**Class Placement Information Form**

This form must be returned by May 27th to the school office. Please be reminded of the following:

* No forms/letters/emails will be accepted after this date.
* We are asking your support in not requesting specific teachers or specific placements with

peers.

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. How would you describe your child’s learning style or interests?**

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**2. How would you describe your child’s personality?**

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**3. Other information you would like to share about your child.**

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