

SHAKER HEIGHTS CITY SCHOOLS
Class Placement Information Form

This form must be returned by May 26, 2017 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 of specific placements with peers.

Child's Name: _____ **Date:** _____

Current Teacher: _____

1. How would you describe your child's learning style or interest?

2. How would you describe your child's personality?

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