

# JESSAMINE EARLY LEARNING VILLAGE

## Parent Input Form

*Parents/Guardians, this is your opportunity to provide input on your child's placement for next year. If you would please take a couple minutes and complete this form it will help us to best meet the needs of your child relative to their classroom next year.*

Student Name \_\_\_\_\_

### How does your child learn?

(Mark **ALL** that are representative of your child.)

<b>Tactile/Kinesthetic</b> <small>(doing)</small>	<b>Visual</b> <small>(seeing)</small>	<b>Auditory</b> <small>(hearing)</small>
<input type="checkbox"/> Enjoys working with hands and making things <input type="checkbox"/> Learns through movement and exploring the environment <input type="checkbox"/> Prefers to do things rather than watching or reading <input type="checkbox"/> Seems to always be touching things <input type="checkbox"/> Constantly fidgeting	<input type="checkbox"/> Prefers to see things in writing...Likes to take notes and look at them later <input type="checkbox"/> Remembers best by writing things down or drawing pictures <input type="checkbox"/> Has a hard time following oral directions <input type="checkbox"/> Good at visual arts <input type="checkbox"/> Pictures things in their head to remember it	<input type="checkbox"/> Talks to self and enjoys talking to others <input type="checkbox"/> Needs to have diagrams, maps, and graphs explained <input type="checkbox"/> Would rather listen to a teacher talk than read info in the book <input type="checkbox"/> Follows oral directions better than written directions <input type="checkbox"/> Understands better when reads aloud

### What type of classroom environment would be best for your child?

(Circle **2-3** WORDS IN EACH COLUMN that best describe a successful environment for your child.)

<b>Classroom Environment</b>	<b>Teacher Personality</b>	<b>Classroom Instruction</b>
Structured Quiet Active Organized Relaxed Up-Beat Respectful Goal-Oriented Consistent	Calm Enthusiastic Nurturing Firm Patient Funny Serious Encouraging Intentional	Independent Collaborative (partner/group work) Interactive Creative/Artistic Hands-On

**What are your child's strengths and/or needs?** *(Please no teacher or student names)*

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Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
(printed)

Date returned: \_\_\_\_\_

(For office use)