

Matthews Elementary Family Input Form

Student's Name: _____

Grade for **2024-2025**: _____

Parent/Guardian Name: _____

Date of Birth: _____

Thank you for helping us more fully understand your child. Please provide some information so that we can place your child in the best environment and can be prepared to address their needs to ensure success.

This form should be returned by Friday, May 17, 2024. *Specific teacher requests will not be honored.*

Academic: Please provide academic strengths/needs.

Does your child have specialized services or learning needs? Yes or No

If yes, please circle all that apply:

- | | | | |
|--|---------|--|-----------------------------------|
| ADHD | Anxiety | SI (Speech Language/Articulation) | AU (Autism Spectrum Disorder) |
| SLD (Specific Learning Disability) | | OHI (Other Health Impairment) | HI/VI (Hearing/Visual Impairment) |
| SED (Serious Emotional Disability) | | DD (Developmental Delay) | ELL (English Language Learner) |
| TD/AG (Talent Development/Academically Gifted) | | IEP (Individualized Education Program) | 504 Plan |

Social/Emotional: Please describe your child's social and group situation strengths/concerns.

Please circle the categories that best describe your child's personality. In the last blank write a word you use to describe your child.

- | | | | | | | | |
|---------------|------------|-----------|---------------|------------|-----------|-----------|-------------|
| Dramatic | Obedient | Lively | Intense | Easy-Going | Caring | Talkative | Calm |
| Considerate | Aggressive | Confident | Shy | Anxious | Impulsive | Quiet | Independent |
| Perfectionist | Helpful | Organized | Strong-Willed | Flexible | Sensitive | Rigid | _____ |

Behavior/Work Skills: Please describe your child's behavior, independence, maturity and work habits.

Please circle the words/phrases for each category that best describe your child.

- | | | |
|--|--------------------------------|------------------------------|
| Work Habits: Does Not Complete Tasks | Inconsistently Completes Tasks | Consistently Completes Tasks |
| Independence: Needs Help and Direction | Works Cooperatively | Self-Directed |
| Behavior/Maturity: Immature | Age Appropriate | Excellent |

Environment/Teacher: Please describe the learning environment and teacher characteristics that will best match your child's learning needs/personality. *Please do not list a specific teacher name as a good fit.*

Physical: Please describe any medical concerns (allergies, medical history, diagnoses, medications, etc.)

***(If applicable) Request to separate my child from (limit 2 students, requests will be considered but not guaranteed): _____**