



_____ (school year)

Ocean Palms Student Placement Card First-Fifth Grade Student

Student's Name: _____ **Grade Entering:** ____ **Age:** ____ **Birth Date:** _____

Previous Teacher/School: _____ **Sex:** M ____ F ____

1. Health Concerns/Conditions/Illnesses? _____

2. Is your child in any Special Programs? Does your child have an IEP? Yes or No

__ESE __504 __RTI __ESOL/ELL __Gifted __Speech __Language __OT __PT Other _____

3. Child's Learning Environment: Check off up to three characteristics below, which you feel BEST describe your child:

____ *Acquisition:* Likes to read, listen to presentations, watch videos or demonstrations.

____ *Discussion:* Likes to participate in class, express ideas, answer questions, give speeches/presentations.

____ *Investigation:* Likes to explore, experiment, research, play games, learn through hand-on activities.

____ *Practice:* Likes or needs to be given time and repetitive activities to master material.

____ *Collaboration:* Likes to work in groups.

____ *Production:* Prefers to work independently.

____ *Creativity:* Likes projects that allow for creative expression.

____ *Challenge:* Thrives in a competitive/challenging environment.

4. Child's Social and Emotional Traits (circle): Extra Guidance Needed **1 2 3 4** Independent

Describe: _____

5. Which Subjects does your child excel in? __Reading __Math Other: _____

6. Which Subjects does your child need development in? __Reading __Math Other: _____

7. What are your child's interests? _____

8. What motivates your child? _____

*Please keep in mind that this questionnaire is intended as an aid for your child's classroom placement. Although we will do our best to match each child with the most suitable teacher, we cannot honor specific requests. Please do not write any teacher's name on this form.
Thank you!*