



_____ (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 ___

HEALTH CONCERNS/CONDITIONS/ILLNESSES	
Describe:	
SPECIAL PROGRAMS	
Does your child have an IEP? ___ Yes ___ No Please check all that may apply.	
___ ESE ___ 504 ___ ESOL/ELL ___ Gifted ___ Speech ___ Language ___ OT ___ PT Other _____	
CHILD'S LEARNING ENVIRONMENT	
Please check up to <u>three</u> characteristics below, which you feel BEST describe your child:	
___ <i>Acquisition</i> : Likes to read, listen to presentations, watch videos or demonstrations.	
___ <i>Discussion</i> : Likes to participate in class, express ideas, answer questions, give speeches/presentations.	
___ <i>Investigation</i> : Likes to explore, experiment, research, play games, learn through hand-on activities.	
___ <i>Practice</i> : Likes or needs to be given time and repetitive activities to master material.	
___ <i>Collaboration</i> : Likes to work in groups.	
___ <i>Production</i> : Prefers to work independently.	
___ <i>Creativity</i> : Likes projects that allow for creative expression.	
___ <i>Challenge</i> : Thrives in a competitive/challenging environment.	
CHILD'S SOCIAL AND EMOTIONAL TRAITS	
Please circle: Extra Guidance Needed 1 2 3 4 Independent	
Describe:	
SUBJECTS	
Which Subjects does your child excel in? ___ Reading ___ Math Other: _____	
Which Subjects does your child need development in? ___ Reading ___ Math Other: _____	
What are your child's INTERESTS ?	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.