



6500 Wydown
Clayton, MO 63105

T: 314.854.6400
F: 314.854.6490

claytonschools.net/wms

PARENT INPUT FORM

STUDENT NAME: _____

GRADE: (2021-2022) _____

CURRENT TEACHER/TEAM: _____

We use various criteria for teaming including race, gender, ethnicity and academic ability levels. We work hard to balance teams to represent the total student population. In doing so, we look at your child's needs and place them with the team of teachers that best enhances his or her learning. **While we do not accept team or teacher recommendations from parents**, we value any information you would like to provide us on this "Parent Input Form." Please mail or email this form to your student's counselor by Friday, May 7th.

Share your Childs Strengths:

Academic: _____

Social/Emotional: _____

What are your thoughts about the upcoming school year?

Academic? _____

Social/Emotional? _____

What else do you feel we should know about your child? _____