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## PARENT INPUT FORM

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** (2017-18) \_\_\_\_\_

**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 4th.

### 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? \_\_\_\_\_