



Minisink Valley Central School District Parental Input Form

Specific teacher requests will not be accepted. Thank you for your assistance.

STUDENT NAME: _____ **DATE:** _____

CURRENT TEACHER: _____

Identify the characteristics and personality traits of your child (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Outgoing / Social | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Patient | <input type="checkbox"/> High Energy |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Likes to Work Alone |
| <input type="checkbox"/> Anxious / Nervous | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Exhibits Self - Control | <input type="checkbox"/> Requires Routine / Structure |
| <input type="checkbox"/> Works Independently | <input type="checkbox"/> Likes Attention |

Does your child have any health-related issues? If so, please explain:

Any social or behavioral concerns? If so, please explain:

Is there any other information that needs to be taken into consideration when placing your child next year?