

WEST JEFFERSON MIDDLE SCHOOL

Student Information Form

Confidential

Student Name: _____ Grade **Next** Year: _____

Today's Date: _____

Person Completing Form _____ Relationship to Student: _____

Current Teacher _____ School: _____

***Return this form to the WJMS office no later than March 22nd, 2017 at 3:00 p.m.
Forms turned in after this date will not be considered.***

If specific educational needs have been identified for your child which you feel warrant special consideration in their classroom/team placement, please complete the form below. Be as specific as possible with regard to your child's needs. The school administrator and counselors will review this request. Submission of this request is no assurance that the request will be honored. The nature of the request will be considered along with other factors. The final decision regarding placement of a student with a classroom/team remains the responsibility of the administration at WJMS. **We will not be able to honor requests for specific teachers/teams.**

1. Describe the special needs you feel need to be considered in the placement of your child for the coming school year. Please be as specific as possible. (Use the back of this page if you need additional space.)
2. Have any recommendations for special accommodations been made by outside sources such as a pediatrician, psychologist, tutor, etc.? Documentation from these sources, with regard to placement, would be helpful. Briefly summarize their recommendations below.
3. Do you have a specific instructional request based on special academic needs of your child?