



# Parent Input Form (optional)

This document may be shared with every certified staff member that works with your child at RCE.

Student Name: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Current Teacher: \_\_\_\_\_

Please return to your child's current  
teacher by: **March 31, 2017**

Share your child's strengths:

What do you feel we should know about your child?

What are your concerns about the upcoming school year (ex: conflict with other students)?

Share qualities of a teacher and the kind of learning environment that you believe will help your child be successful (Please do not list a specific teacher's name or this form will be returned.):