

THOMAS EDISON ELEMENTARY SCHOOL

“SPECIAL” ACCOMMODATIONS FOR CLASSROOM ASSIGNMENTS

2019-2020

Student Name: _____

Current 2018/2019 Teacher: _____

The intent of this form is to provide information to help us with the classroom assignment of your child **IF** they have a “SPECIAL/UNIQUE” academic, and/or social, emotional concern. Should you feel the need to provide information to school personnel regarding your child for next year, this form **must** be submitted, in person, by an adult by **Friday, May 24th**. No emails or forms given to students or teachers will be accepted. Requesting specific teachers is no longer viable due to the many variables and requirements that have become part of this process.

Please describe your child’s strengths:

What are some of your child’s weaknesses and how do they affect his/her learning?:

My child needs to grow in these academic/social areas:

My child will function best (seems to learn best) in an environment with the following characteristics:

Are there any peer issues (problems with other specific students – provide names please), medical, social/emotional needs, special situations that could affect your child’s school performance?

What are some successes your child has had either in school or out of school?

Other information:

Parent’s Signature: _____

Date: _____

Home Phone Number: _____

Cell Phone Number: _____

Forms must be delivered by the parent/guardian to the office (no emails will be accepted) by Friday, May 24th, 2019. This ensures that we have received the form in the office.



For office use only:

Date Returned to Office: _____

Received by: _____