Mandan Middle School

Scheduling Assistance Form

Please complete this form to help us place your student in the best learning environment. Please note that we cannot accommodate for specific teacher, team, or peer requests. We value your input to ensure the best educational placement for your student. Scheduling Assistance Forms are due back to the office no later than April 1st.

Student Name:_____ **Grade for the Upcoming School Year: _____**

What are your student's strengths in the classroom? Check all that apply.

____Strong reader
____Math Skills
____Creative Thinker
____Critical Thinker
____Curiosity for Learning
____Writing Skills
____Team Player
____Leadership Skills
____Empathetic/Caring
____Adaptability
____Positive Attitude
____Independent Worker
____Focused and Attentive
____Well Organized
____Self Motivated
____Time Management
____Rule Follower
____Active Participant
____Enthusiastic Learner
____Problem Solver
____Technology Savvy
____Other:

What teaching methods or style best supports your student? Check all that apply.

____Hands-on
____Visual
____Auditory
____Reading/Writing
____Movement
____Independent learning
____Collaborative learning
____Structured
____Flexible
____Quiet and Focused
____Interactive and Dynamic
____Other:

Are there specific concerns or needs we should be aware of to better support your student?

____Difficulty Making Friends
____Prefers Smaller Groups
____Works Better Independently
____Conflict Resolution Challenges
____Shyness or Introversion
____Easily Distracted by Peers
____Test Anxiety or Performance Stress
____Difficulty Managing Emotions
____Needs Encouragement
____Sensitive to Criticism
____Struggles with Changes
____Struggles with Challenges
____Anxiety
____Attention or Focus Challenges
____Hesitant to Participate
____Physical/Health Concerns
____Academic Gaps
____Overachievement or Perfectionism
____Sensory Sensitivities
____Family Changes or Stressors
____Bullying or Peer Issues
____Mental Health Needs
____Motivation Challenges

____Other:

What type of communication from teachers do you find most effective?

____Phone Call ____Remind Messages ____Weekly Summaries

____Email ____Frequent Check-Ins ____Other:

Are there any academic goals or focus areas you have for your student this year?

Is there any additional information you would like us to consider in planning for your student?

Parent/Guardian Name:_____

Parent/Guardian Signature:_____ Date:_____