GRANBY ELEMENTARY SCHOOL
STUDENT PLACEMENT SURVEY
2026/2027 SCHOOL YEAR

This form has been developed to invite you to provide input to Granby Elementary School about your child. Please complete the form as thoroughly as possible and **return it via email to Mrs. Schlaegel at pschlaegel@wscloud.org by Monday, April 14. PLEASE DO NOT REQUEST SPECIFIC TEACHERS.**

CHILD'S NAME _____ PRESENT GRADE _____

PRESENT TEACHER _____

PARENT/GUARDIAN(S) COMPLETING INFORMATION _____

1. List areas that you consider your child's strengths (i.e. science, math, reading, art, etc.).

2. List what you consider your child's areas of growth (i.e. science, math, reading, art, etc.).

3. Is your child receiving any additional services at Granby (i.e. Reading, Speech, English as a Second Language - EL, Enriched Placement Program – EPP, etc.) If so, what are the services?

4. List any special needs or concerns (i.e. health, emotional, other factors you feel are important).

5. What educational goals do you have for your child?

6. Of the information provided on this survey -- or any other factor -- what is the most important consideration for your child's education?

7. Please provide any other information that might influence the class placement decision of your child.

PARENT SIGNATURE _____ DATE _____