

TOLLAND MIDDLE SCHOOL
GUIDANCE DEPARTMENT
1 Falcon Way
Tolland, CT 06084
Telephone: (860) 870-6864
FAX: (860) 870-5737

STUDENT PLACEMENT QUESTIONNAIRE

Dear Parent:

Please take this opportunity to give the TOLLAND MIDDLE SCHOOL placement team information which will assist in your child's class placement for next year.

STUDENT'S FULL NAME: _____ CURRENT GRADE: _____

CURRENT HOMEROOM TEACHER: _____

1. Please describe the **conditions** in which you feel your child best learns, such as what has worked well in the past such as **favorite subjects, learning style**, etc.

*Please **DO NOT** request specific teachers as this form will be passed on to your child's next teacher.*

2. Please provide any special information you feel the team needs to know about your child which would assist us in placement.

Please return this form to **TMS** Guidance Department prior to Thursday April 9, 2009.