

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.*

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

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Please return this form to **TMS** Guidance Department prior to the first Tuesday in April.