

Bethany Community School
New Student Placement Survey – Grades 1 to 6

Welcome to Bethany Community School. We look forward to sharing many wonderful experiences with your child. For placement purposes, it would be extremely helpful if you can provide us with the following information:

Child's Name _____ Today's Date _____

Parent/Guardian Name(s) Completing This Form _____

Parent
Sharing All About My Child

Please place an "X" at the point on the continuum that indicates your view as how your child learns best.

Quiet, controlled environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Active environment that encourages self expression
Group activities (student directed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teacher-directed activities
Stable instruction with emphasis on steady routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible instruction; change
Self-disciplined; manages own behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teacher-directed behavior
Attitude; loves school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tolerates school
Confident learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reluctant learner

1. Please share areas/subjects that showcase your child's interests and strengths.

2. Please share areas/subjects that pose a challenge or discomfort for your child.

3. Did your child receive any intervention services beyond the regular classroom at his/her previous school?
(please check all that apply)

- Reading
- Math
- Gifted and Talented
- English as a Second Language

- Speech and Language
- Resource Room
- None
- Other – Please Explain

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

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

6. Is there any other information or comments you would like to share with us?

Student (Grades 1 to 6) Sharing All About Me

My whole name is _____

My friends call me _____ (nickname, if any)

I am a boy / girl (circle). I am _____ years old.

Please finish the sentences

1. I am good at _____

2. I like to _____

3. I want to learn _____

4. I need help with _____

5. I learn best when _____

6. At Bethany Community School, I hope _____

7. My favorites.....

Sport _____ Subject in School _____

Activity _____ Book _____

Food _____ Place _____

8. Three words about ME! _____