



*We Soar
as One!*

Lac qui Parle Valley
Independent School District #2853

Appleton-Milan Elementary

349 South Edquist Avenue Appleton, MN 56208
320-289-1114 Fax: 320-289-1334 www.lqpv.org

INFORMATION REGARDING STUDENT/CLASSROOM PLACEMENT

It is difficult to believe we are already planning for the next school year. One of the tasks to be completed is preparing class lists for next year. A tremendous amount of thought and energy goes into this process. Classroom teachers meet amongst themselves, along with specialists, special education teachers, and the principal to discuss appropriate placement of students. The goal is to develop classes that will grow into positive learning environments for all students.

Things that are taken into consideration include, but are not limited to:

- a balance of boys to girls
- a blend of abilities
- careful consideration of student personalities and behaviors
- a mixture of students from classrooms
- an effort to place students who work well together academically versus placing students with friends

We request that specific teachers aren't requested. With respect to this, we have developed a process for providing your input to this process. Please follow the steps below:

1. Fill out the Classroom Placement Form. You can pick one up in the school office OR print one off of the Appleton~Milan homepage.
2. Use a separate form for each child.
3. Only these forms will be accepted. Please do not send handwritten notes or letters.
4. Do not indicate a teacher's name on the form.
5. Return the form to the school office by May 15th, 2019.

As mentioned, the process of class formation is a very thoughtful one. You can rest assured the professionals developing these classes are highly skilled, trustworthy, and have the students' best interests in mind. Also, please realize that teaching assignments can change prior to the beginning of the school year.

Thank you!

Ms. Maureen Heinecke
A~M Elementary School Principal



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SCHOOL YEAR 2019-2020
CLASSROOM PLACEMENT FORM

(PLEASE DO NOT REQUEST A SPECIFIC TEACHER ON THIS FORM)

***RETURN BY MAY 15TH, 2019 for Consideration**

My Child's Name _____

Current Teacher's Name _____

Grade Level Next Year _____

- Description of my child's learning style:

- Description of the learning environment in which my child is most successful:

Office Use Only

Signature _____

Date returned _____



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