



## Learning Styles Form

We value your knowledge of your child, and welcome your comments about his or her learning style and characteristics. Please share with us your observations of your child in a few phrases in each of the areas below:

Child's name \_\_\_\_\_

Learning Style \_\_\_\_\_

Social Style \_\_\_\_\_

Emotional Style \_\_\_\_\_

Physical Style \_\_\_\_\_

Strengths \_\_\_\_\_

Challenging areas \_\_\_\_\_

This information will be considered in making classroom placements. These decisions will be made by the teams of teachers and the Head of School, who consider the needs of the child, the balance of students, and learning styles, social skills, and peer groupings in the final make-up of the classrooms.

Please return this form to the office. Thank you for your part in this process!