Scott County School District 2
Parent Input for Teacher Consideration

ALL FORMS MUST BE SUBMITTED TO THE SCOTT 2 SUPERINTENDENT’S OFFICE BY 3:00 P.M., FRIDAY, JUNE 16, 2017

School__________________________________________________________

Student’s Name__________________________________________________

Grade(2016-17 school year)___________________________________________

Teacher(2016-17 school year)___________________________________________

Teacher Preference(2017-18 school year)_______________________________

2nd Teacher Preference(if applicable)___________________________________

Please give an educational reason(s) for your teacher preference (Due to additional teacher changes, an educational reason is critical and requests will not be considered without one.) Please use the back if more space is needed.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

* Parents should attach any documentation supporting their position on why their student needs the consideration granted for the teacher preference

Careful consideration will be given to each request. However, the final decision will be made by the school administration.

Parent Signature_____________________________________________ Date_________________