

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_____