

TAG PARENT INPUT FORM

Student _____ Grade _____ Date _____
Legal first name Legal last name

Teacher _____ Subject(s) _____

Parent _____ Phone and/or email _____

Please check if you would like to be contacted by the teacher.

Please give information regarding the curriculum/subject area that you selected. Share comments and suggestions about your child that may be useful to the instructor. Include related interests that would assist the teacher in facilitating your child's learning. Information about how your child learns best, strengths, and successful activities outside of school would apply.

*** Please return to school office for distribution to teacher. ***

Comments/Suggestions:

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