

Oakland School District 1

Code: **JECD**
Adopted: 7/7/87
Readopted: 12/16/97
Orig. Code(s): 8135

Student Placement with Teachers**

A parent may request a teacher(s) for his/her student(s) for the following school year. All requests will be honored as long as the following criteria can be met for balancing the classes:

1. Placement of special education students;
2. High and low achiever ratio;
3. Male/Female ratio;
4. Placement of disruptive students;
5. Equal number students assigned.

If a request cannot be honored, a written explanation of placement denial will be sent to the parent.

All requests for placement will be administered by the building principal in cooperation with the licensed building staff.

Requests for placement will be given all possible consideration. All requests for placement must be in writing and delivered to the appropriate school on or before June 1.

END OF POLICY

Legal Reference(s):

[OAR 581-021-0045](#)

[OAR 581-021-0046](#)

OAKLAND ELEMENTARY SCHOOL

POLICY JECD STUDENT PLACEMENT WITH TEACHERS

A parent or guardian may request a teacher(s) for his/her child/children for the following school year. All requests will be honored as long as the following criteria can be met for balancing the classes:

1. Placement of special education students.
2. High and low achiever ratio.
3. Male/female ratio.
4. Placement of disruptive students.
5. Equal number students assigned.

If a request cannot be honored, a written explanation of placement denial will be sent to parent or guardian.

All requests for placement will be administered by the building principal in cooperation with the certified building staff.

Requests for placement will be given all possible consideration. All requests for placement will be in writing and delivered to the OES office on or before June 1.

Please keep all comments focused on your child. Negative comments regarding OSD personnel are not appropriate.

CLASSROOM PLACEMENT FORM

1. Student's full name: _____
2. Grade to which the student will be going into: _____
3. Teacher being requested: _____
4. Please describe in detail the type of program that you feel would best suit your child's learning style. (continue on the back if needed)

5. Signature of parent and/or guardian: _____
6. Date of request is filed: _____