

PARENT IEP INPUT FORM

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

You are an important member of the IEP team. Your input, observations, and concerns are important. Please take a few minutes and complete this form, and bring it with you to the upcoming IEP meeting scheduled for the student listed above.

WHAT ARE YOU MOST PROUD OF ABOUT YOUR CHILD?

WHAT ARE YOUR CHILD'S STRENGTHS?

WHAT ARE SOME OF YOUR CHILD'S CHALLENGES?

Empty rounded rectangular box for writing.

WHAT SUPPORTS OR ACCOMMODATIONS DOES YOUR CHILD NEED?

Empty rounded rectangular box for writing.

WHAT HELPS YOUR CHILD BE SUCCESSFUL?

Empty rounded rectangular box for writing.

WHAT ARE SOME KEY GOALS FOR YOUR CHILD FOR THE NEXT YEAR? FOR AFTER HIGH SCHOOL?

Empty rounded rectangular box for writing goals.

WHAT ARE SOME ADDITIONAL THINGS THAT OTHERS SHOULD KNOW ABOUT YOUR CHILD?

Empty rounded rectangular box for writing additional information.