

# STUDENT IEP INPUT FORM

NAME:

You are an important member of the IEP team! You can use the form below to share information about you with other IEP team members.

**AT SCHOOL, I AM GOOD AT:**

**WHAT I LIKE TO DO AT SCHOOL:**

**AT SCHOOL, I NEED HELP WITH:**

**OUTSIDE OF SCHOOL, I LIKE TO:**

# STUDENT IEP INPUT FORM

NAME:

**I LEARN BEST WHEN:**

**AFTER FINISHING HIGH SCHOOL, I WANT TO:**

**WHO CAN HELP ME REACH MY GOALS:**

**OTHER THINGS MY IEP TEAM SHOULD KNOW ABOUT ME:**