

Student Name: _____ Please return by: _____

Parent IEP Input Form

Your input is very important in developing an educational plan that meets your child’s needs. Please answer the following questions and return this input form to your child’s intervention specialist prior to the meeting so that they will be able to include your input into the development of your child’s IEP. Take a few minutes to think about what makes your child unique. What services has the school provided that have been helpful? What goals do you hope he or she will reach in the year ahead?

Who is _____? (Describe your child, including information such as place in family, personality, likes and dislikes).

What are your dreams for _____? (Describe your vision for the future, including both short and long-term goals).

Short Term:

Long Term:

What are _____’s strengths? What were his/her successes this year? (Think about all areas in which your child does well, including educational and social environments).

What areas of need have you noticed? What are _____’s greatest challenges?

Do you feel that accommodations will be needed if standardized tests are taken during the school year? If so, please list what type.

List other questions, concerns or helpful information.

