

Rutland City Public Schools
Evaluation Plan Parental Input Form

Your input is very important in developing an educational plan that meets your child's special needs. Please provide the school with the following information regarding your child. Please send this form into school prior to the Evaluation Plan meeting or bring to the meeting.

Student: _____ Date: _____

School/Grade: _____ Special Educator/Teacher: _____

Current Address: _____

Phone Number: _____ D.O.B.: _____

1. What are three primary strengths of your child?

- a.
- b.
- c.

2. What are three primary challenges?

- a.
- b.
- c.

3. Are there any health concerns?

4. Please list any current medications your child is taking.

5. What motivates your child at home and/or at school?

6. List accommodation/modifications provided by the school that have been helpful to your child during the school year.

