

# **Parent Input Form**

Your input is very important in developing an educational plan that meets your child's needs. We value parent input in each aspect of educational planning. Please take time to answer the following questions, and return the form in the envelope provided.

**Name of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Teacher/Team:** \_\_\_\_\_

Please describe your child's areas of strengths including educational and social environments:

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Please describe your child's areas of weakness. What are your child's greatest challenges?

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What classroom modifications have been helpful to your child? What supports does he/she need? What helps your child to learn?

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Please list any medical concerns that your child has or any medications that he/she is currently taking:

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Please list your child's primary care physician/pediatrician and their contact number:

Please list agencies that have been involved in the care of your child either presently or in the past, such as counselors, human service agencies, etc...

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What is the primary language spoken in your home? \_\_\_\_\_

List other questions, concerns or any additional information you would like to share with the school:

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Name of person completing this form: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

- **Please include copies of any reports or evaluations that you have which you feel would be helpful in the evaluation of your child.**

Thank you for taking the time to complete this form!