

Dear Parents / Guardians of _____,

Your child's Individual Education Plan (IEP) includes areas for voicing your concerns and adding your input. This is so your voice will be heard as part of the official document. Please complete the following information by _____ and return it to your child's teacher. Thank you!

Teacher name: _____

(Dates and Modes of Attempted Contact: _____)

Academic Strengths

In what subjects / areas do you feel your child does well?

Academic Concerns

In what subjects / areas does your child need more assistance?

Consider your child's organizational skills and study skills. Do they seem appropriate for his/her grade level?

Does your child have difficulty with understanding or completing homework assignments?

In all subjects, what strategies, modifications or accommodations seem to work for your child? What helps your child to learn?

Social Strengths

What are your child's social strengths?

Describe your child's relationships with peers.

Describe your child's relationships with adults.

Social Concerns

What are some social areas that your child needs further development in?

Does your child feel the same way about their relationships with peers/adults as you do?

Physical Strengths

Does your child do well in sports / athletics / physical activities?

In what outside activities is he/she involved?

How is his/her general health?

Does your child wear prescription glasses / contact lenses, hearing aids, or other assistive devices?

Physical Concerns

Are there any health concerns?

Does your child take any medications at home?

Does your child take any medications at school?

If yes, for what reason(s)?

Parent Signature: _____ Date: _____