Parent IEP Input Form

To the Parent(s)/Guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is time to evaluate the progress your child has made this year and to begin the planning process for next year. Your input is very important in developing a plan that is right for your child. Using your responses and information from your child’s performance, a rough draft will be created for use as a basis for discussion at the IEP meeting.

Please complete this information sheet and return it to **Samantha Kropa** by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. What do you see as your child’s successes this school year?
2. What are his/her academic strengths and other special skills or abilities?
3. What are the areas of weaknesses that you have noted?
4. Please describe your concerns for your child (including future goals) – Please describe the areas that you feel your child needs assistance in.
5. Describe any concerns that your child may have about school.
6. Consider your child’s organizational skills and study skills. Do they seem appropriate for his/her grade level? Does your child have difficulty with homework assignments?
7. Does your child wear prescription glasses/contact lenses, hearing aids, or other assistive devices?
8. Does your child currently take disability related medication? If so, please list the names of the prescription, the dosage, and when it is taken.

Please use the space below to list any other comments or concerns that you may have. Thank you. ☺