

# Parent Input to IEP

Please take a few minutes to complete this form for your student's upcoming Special Education Meeting. The information you provide will assist the special education team in developing an appropriate educational plan for your student. Return this form to: \_\_\_\_\_

Student Name \_\_\_\_\_ Case Load Teacher \_\_\_\_\_

1) **Student Strengths:** (describe your student's social and educational strengths)

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2) **Behavioral Performance:** (describe behavior at home or school and list specific examples of behavior that interferes with academic performance)

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3) **Social Interaction:** (describe the students interaction with parents, siblings, teachers and other students including specific incidents where ever possible)

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4) **Please describe your concerns for your student** (including future goals)

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5) **Please describe areas that you feel your student needs assistance**

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6) **Describe any concerns that your student may have about school**

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7) **Additional Comments:**

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_