



Annual IEP Parent Input

Student: _____ Date: _____

School: _____ Teacher: _____

Completed by: _____

Describe your child's learning style:

What are your child's academic strengths?

Describe your child's academic weaknesses (what would you like to see them work on this year):

Do you feel your child has behavior problems that interfere with learning? ___Yes ___No
If yes, please describe:

For your child to succeed in core content general education classroom, what modifications and accommodations do you feel are important and why?

Please list a general description of goals you would like your child to be working on this year:

Please print and return this form at your earliest convenience to your file holder. This information will be included in an upcoming IEP meeting. If you have any questions, please contact your file holder.

I would like more information about:

___ Participation in state and district testing ___ Progress reports (who/when)
___ How I can help improve outcomes for my child ___ Procedural Safeguards