

REQUEST FOR PARENT INPUT FOR IEP TEAM MEETING

Student's Name: _____ **Date of Birth:** _____

Teacher: _____ **School:** _____

What are your child's/student's strengths?

What activities does your child/student enjoy? Other interests?

What are your goals for your child/student for the coming year?

What are your goals for your child/student for 5 years from now?

What is happening in school that you feel is important to continue?

What are your concerns regarding your child's/student's educational program?

What other information would you like to share with the IEP team?

Name of person completing this form: _____

Date completed: _____

If you need additional space, please attach additional pages.

Please return this form to your child's/student's teacher or bring it with you to the IEP meeting.