

## Parent IEP Input Form

Student name: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Parent participation is vital to the development of your child's IEP. Please provide the information below and return it to me by \_\_\_\_\_.

Thank you in advance for taking the time to complete this form.

Respectfully,

1. What are your goals for your child in the future?

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2. What are your child's strengths?

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3. What are your child's educational challenges?

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4. Please share some positive experiences your child has had at school.

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5. What is working for your child at home?

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6. Are there additional needs or concerns that you would like to address?

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