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| PURPOSE: The purpose of this form is to gather parent input prior to an IEP meeting, which will assist the IEP team in developing the IEP. This form can also be used to gather parent input for other purposes, such as during the referral and evaluation process, preparation for other meetings with the parent, etc. |

# PARENT INPUT FORM

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | Date: | | | |  |
|  | |  |  | | | |  |
| To: |  | | |  | Re: |  | |
| *Parent(s)/guardian(s)/adult student* | | |  | | | | *Student name* |

|  |  |
| --- | --- |
| The IEP team, which includes you, will be meeting soon to discuss your child’s IEP. The information you provide can help our team develop the most appropriate IEP for your child. Your input is extremely valuable. Please take a few moments to complete the following questions, and return this form to your child’s school by: | |
|  | . |

*Date*

|  |
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| **What are the strengths of your child?** |
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| **What motivates your child?** |
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|  |  |
| --- | --- |
| **Are there areas of concern regarding your child that we should be aware of:** | |
| when he/she is at home? |  |
| when he/she is at school? |  |

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| --- |
| **What techniques have you used to address the concern(s) noted above? Were they successful?** |
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| **What is/are the most important goal(s) that you would like to see accomplished in the upcoming year?** |
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| **Is there any other information that we should know that would assist us in developing the IEP?** |
|  |

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