

Parent IEP Input Form

Student's Name:	Date:
Parent's Name(s):	
What do you see as your student's successes this school year?	
What are his/her academic strengths and other special skills or abilities?	
What are the goals for future employment, post high school education and/or adult living?	
What are your concerns for reading?	
What are your concerns for writing?	
What are your concerns for math?	
What are your concerns for OT, PT, vision, hearing, etc.?	



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Are there other concerns, such as social skills or behavioral issues?

Have there been any new medical developments (diagnoses, medications, etc.) that you wish to share with the IEP team?

Consider your student's organizational skills and study skills. Do they seem appropriate for his/her grade level? Does your student have difficulty with homework assignments?

List any classroom modifications or accommodations that seem helpful to your student.

What helps your student to learn? (For example: enjoys projects, needs things read to him/her, needs time limits).

Please list any other comments or concerns that you may have including issues you have raised in the past that have not been addressed.



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