INDIVIDUAL EDUCATIONAL PLANNING
IEP Planning Sheet for Parents

Student’s Name: _______________________________ Date: ____________________
Parent’s Name: _______________________________

To develop the best possible program, we need your assistance and knowledge of your child. Below are some questions for you to answer in preparation for the IEP meeting. Please write down your thoughts and send this form back to _____________________________. The information that you share will be used to prepare a draft profile or word picture about your child.

❖ What do you feel are the strengths of your child?

________________________________________________________________________
________________________________________________________________________

❖ What do you feel are your child’s weaknesses (e.g., areas that may be frustrating or that you feel your child has a particular need to improve)?

________________________________________________________________________
________________________________________________________________________

❖ How do you think your child learns best? (What kind of situation makes learning easiest?)

________________________________________________________________________
________________________________________________________________________

❖ Please describe educational skills that your child practices at home regularly (e.g., reading, making crafts, taking things apart, putting things together, using the computer, coloring).

________________________________________________________________________
________________________________________________________________________

❖ Does your child have any behaviors that are of concern to you or other family members? (If so, please describe the behavior(s).)

________________________________________________________________________
________________________________________________________________________

❖ What are your child’s favorite activities?

________________________________________________________________________
________________________________________________________________________

❖ What are your child’s special talents or hobbies?

________________________________________________________________________
________________________________________________________________________
Does your child have a history of ear infections or frequent upper respiratory infection?

When was the last eye examination completed with your child?

Is there a history of speech delay/language delay in your family (grandparent, parent, sibling)?

How does your child usually react when upset and how do you deal with the behavior?

If you have particular concerns about your child’s school program this year, please describe them.

What are your main hopes for your child this year?

Please list any other information that would help us gain a better understanding of your child.

Are there any concerns that you would like to discuss at the next IEP meeting?

Thank you for contributing valuable parental insights.
INDIVIDUAL EDUCATIONAL PLANNING
IEP Planning Sheet for Parents

Student’s Name: __________________________ Date: ______________

Parent’s Name: __________________________ __________________________________

To develop the best possible program, we need your assistance and knowledge of your child. Below are some questions for you to think about in preparation for the IEP meeting. Please write any additional thoughts and/or information that you wish to include for future reference by the IEP Team.

• What do you feel are the strengths of your child?

- Tries new things
- Makes new friends easily
- Encourages others
- Offers help to others
- Likes books
- Admits mistakes
- Does chores when asked
- Does homework
- Does not give up easily
- Adjusts well to changes in routine
- Likes music
- Has a sense of humor
- Has neat ideas
- Talks clearly
- Good feelings about self
- Understands what is said
- Listens attentively
- Follows instructions
- Asks for help
- Keeps trying
- Adjusts well to different people
- Likes to be read to
- Does well in home activities
- Says, “please” and “thank you”
- Is happy
- Plays well with other children
- Is a good sport
- Has good eye contact
- Has good appetite
- Has limited fears
- Makes self understood
- Proud of self
- Smiles at people

• What do you feel are your child’s weaknesses (e.g., areas that may be frustrating or that you feel your child has a particular need to improve)?

- Argues with you
- Eats things that are not food
- Trouble with going from one task to another
- Worries about what parents think
- Stays mad a long time
- Refuses help
- Complains about work
- Does not seem happy
- Does not adjust well to change
- Is nervous
- Screams
- Is overly active
- Is too serious
- Acts without thinking
- Won’t do work
- Breaks things
- Does not listen well
- Has eye problems
- Forgets things
- Tries to hurt self
- Has fevers
- Has fears
- Needs to be shown how to do something
- Needs to be shown how to do something
- Always wants to be right
- Daydreams
- Is easily distracted
- Trouble making friends
- Worries about others
- Does not speak clearly
- Does not ask for help
- Is critical of self
- Does not smile
- Has ear problems
- Has a short attention span
- Whines
- Needs a lot of supervision
- Is sick a lot
- Is easily upset
- Has toileting accidents
• Does your child have any behaviors that are of concern to you or other family members? If so, please describe the behavior(s).

_____Wets bed at night
_____Breaks things
_____Says, “I wish I were dead”
_____Does not sleep well
_____Argues about everything
_____Refuses to go to bed

• How do you think your child learns best? (What kind of situation makes learning easiest)?

_____One on one with a teacher
_____One on one with a friend
_____One on one with parent
_____One on one with sister/brother
_____Working with picture books
_____With work sheets
_____Working with objects (like for counting)
_____Working in a classroom
_____Watching someone else do the activity first
_____With lots of rewording of the directions
_____When my child is close to the one teaching
_____With no noise in the room
_____With music
_____With the computer as a tool
_____With my child in my lap
_____With my child sitting next to me in a soft chair
_____With my child seated at a table
_____With my child seated at a desk
_____With the lights turned on low
_____With bright light in the room
_____With a snack
_____Without food around
_____With the TV/radio on
_____With no TV/radio on

• Please describe educational skills that your child practices at home regularly (e.g., reading, crafts, using the computer).

_____Reads to parent every day
_____Reads to brother/sister every day
_____Works on math every day
_____Draws pictures with pencil, crayons, markers
_____Likes to make cookies
_____Uses the computer every day to do math, reading
_____Likes to make crafts

Does your child have any behaviors that are of concern to you or other family members? If so, please describe the behavior(s).

_____Wets bed at night
_____Breaks things
_____Says, “I wish I were dead”
_____Does not sleep well
_____Argues about everything
_____Refuses to go to bed
• What are your child’s special talents or hobbies?

  ____ Music  ____ Coloring  ____ Riding horses
  ____ Telling stories  ____ Reading  ____ Memorizing
  ____ Saying poetry  ____ Dressing up  ____ Bicycling
  ____ Remembering information  ____ Cooking  ____ Gardening
  ____ Art  ____ Photography  ____ Working puzzles

• What are your child’s favorite activities?

• Does your child have any particular fears? If so, please describe.

• How does your child usually react when upset and how do you deal with the behavior?

• Do you have any particular concerns about your child’s school program this year? If so, please describe.
• What are your main hopes for your child this year?

• Is there other information that would help us gain a better understanding of your child?

• Are there any concerns that you would like to discuss at the next IEP meeting?

Thank you for contributing valuable parental insights.

Sincerely,

______________________________
(IEP Team Coordinator)
STUDENT PROFILE INFORMATION
(HAVE STUDENT COMPLETE THIS FORM EACH YEAR)

FULL NAME:______________________________________________________________

DATE OF BIRTH:__________________________________________________________

ADDRESS:________________________________________________________________

NAMES OF PARENT(S):_______________________________________________________

YOU LIVE WITH BOTH PARENTS:_______________, ONE PARENT:_____________

OTHER THAN PARENT:_____________ WHO?

NUMBER OF SISTER(S):_________ NUMBER OF BROTHER(S):_________

FAVORITE SPORT(S):_______________________________________________________

FAVORITE SCHOOL SUBJECT(S):___________________________________________

HOBBIES:________________________________________________________________

CHURCH:_________________________________________________________________

CLUBS OR ORGANIZATIONS YOU ARE A MEMBER:_____________________________

SPORTS YOU PLAY:________________________________________________________________

MEDICAL PROBLEM(S):_____________________________________________________

DO YOU TAKE MEDICINE?________ FOR WHAT?________________________________

FUTURE JOB OR PLANS:________________________________________________________________

CLASSES YOU WANT TO TAKE NEXT YEAR: 1.______________ 2.______________

3. _______________ 4. _______________ 5. _______________ 6. _______________

7. _______________ 8. _______________

Developed by Wilcox County Board of Education, Special Education Department.
TEACHER’S IEP INPUT SURVEY

Teacher’s Name: ___________________________ Date: ______________

Student’s Name: ___________________________ Case Manager: ___________________________

Subject: ___________________________

Please give responses to the following items:

1. How does the child participate in class instructions (stays on task, answers or responses in class, etc.)?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

2. How does he/she interact or get along with peers/teachers?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

3. What are some areas or activities that he/she needs to improve on in your class or did not successfully complete?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

4. What were some activities that he/she completed successfully in your class or at school?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

5. Did you provide any modifications or accommodations, if so, what?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

6. Do you think he/she can progress in general education classes without special education services? If so, explain.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Developed by Wilcox County Board of Education, Special Education Department.
PARENT’S IEP INPUT SURVEY

Parent’s Name: __________________________ Date: ____________

Student’s Name: __________________________

Teacher’s Name: __________________________

Please complete the following items and return this form to the above teacher at the school:

1. How does the child participate in home jobs/tasks (stays on task, etc.)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. How does he/she interact or get along with family members/classmates/teachers?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. What are some areas or activities that your child needs to improve or did not complete successfully at home or school that you would like to get some support for him/her?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. What were some activities that your child did complete successfully or did well at home or at school?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. Other comments, questions, suggestions.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Developed by Wilcox County Board of Education, Special Education Department.