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	_____Has a sense of humor	_____Does well in home activities
_____Makes new friends easily	_____Has neat ideas	_____Says, "please" and "thank you"
_____Encourages others	_____Talks clearly	_____Is happy
_____Offers help to others	_____Good feelings about self	_____Plays well with other children
_____Likes books	_____Understands what is said	_____Is a good sport
_____Admits mistakes	_____Listens attentively	_____Has good eye contact
_____Does chores when asked	_____Follows instructions	_____Has good appetite
_____Does homework	_____Asks for help	_____Has limited fears
_____Does not give up easily	_____Keeps trying	_____Makes self understood
_____Adjusts well to changes in routine	_____Adjusts well to different people	_____Proud of self
_____Likes music	_____Likes to be read to	_____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	_____Is too serious	_____Is easily distracted
_____Eats things that are not food	_____Acts without thinking	_____Trouble making friends
_____Trouble with going from one task to another	_____Won't do work	_____Worries about others
	_____Breaks things	_____Does not speak clearly
_____Worries about what parents think	_____Does not listen well	_____Does not ask for help
	_____Has eye problems	_____Is critical of self
_____Stays mad a long time	_____Has fears	_____Does not smile
_____Refuses help	_____Forgets things	_____Has ear problems
_____Complains about work	_____Tries to hurt self	_____Has a short attention span
_____Does not seem happy	_____Has fevers	_____Whines
_____Does not adjust well to change	_____Needs to be shown how to do something	_____Needs a lot of supervision
_____Is nervous		_____Is sick a lot
_____Screams	_____Always wants to be right	_____Is easily upset
_____Is overly active	_____Daydreams	_____Has toileting accidents

_____Does not understand the first time he/she hears something
_____Needs very simple directions
_____Is nervous about answering
_____Stares blankly
_____Won't mind
_____Can't understand math
_____Does not play well with others
_____Does not talk very well
_____Does not make all the sounds right when he/she talks
_____Gets mad/angry when he/she can't do something fast
_____Gets upset when things are lost
_____Has bad allergies
_____Has a short attention span
_____Repeats one thought over and over
_____Gets mad if he/she doesn't get own way
_____Can't read
_____Won't do math homework
_____Hits others
_____Cannot say what he/she is thinking about without a long wait
_____Bullies brothers/sisters
_____Has frequent colds
_____Climbs on things
_____Cries easily
_____Has seizures
_____Won't read
_____Throws temper tantrums
_____Is shy with others
_____Stays sick a lot
_____Has ear infections
_____Does not laugh much
_____Is afraid of dying
_____Breaks things

- 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 parent
_____Working with picture books
_____With objects (like for counting)
_____Watching someone else do the activity first
_____When my child is close to the one teaching
_____With music
_____With my child in my lap
_____With my child seated at a table
_____With the lights turned on low
_____With a snack
_____With the TV/radio on
_____One on one with a friend
_____One on one with sister/brother
_____With work sheets
_____Working in a classroom
_____With lots of rewording of the directions
_____With no noise in the room
_____With the computer as a tool
_____With my child sitting next to me in a soft chair
_____With my child seated at a desk
_____With bright light in the room
_____Without food around
_____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
_____Works on math every day
_____Likes to make cookies
_____Likes to make crafts
_____Reads to brother/sister every day
_____Draws pictures with pencil, crayons, markers
_____Uses the computer every day to do math, reading

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

_____Refuses to do homework
_____Is sad
_____Makes noises when playing
_____Acts without thinking
_____Stays alone all the time
_____Voice is scratchy sounding
_____Screams
_____Does not seem able to finish something
_____Threatens to hurt others
_____Tantrums
_____Has stomach problems
_____Refuses to play with others
_____Complains about health
_____Is easily distracted
_____Does not laugh/smile
_____Talks about dying
_____Says, "Nobody likes me"
_____Has trouble making decisions
_____Uses foul language
_____Argues a lot
_____Has allergies
_____Babbles to self
_____Has headaches
_____Is too serious
_____Stutters
_____Plays with own sex parts
_____Bites nails
_____Is easily frustrated
_____Does not talk plain

- What are your child's special talents or hobbies?

_____Music
_____Telling stories
_____Saying poetry
_____Remembering information
_____Art
_____Writing stories
_____Coloring
_____Reading
_____Dressing up
_____Cooking
_____Photography
_____Riding horses
_____Memorizing
_____Bicycling
_____Gardening
_____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:_____

Subject:_____ **Case Manager:**_____

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.

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