

Special Education IEP Parental Input Form

Student Name

Parent/Guardian Name(s)

Date

1. Parental Concerns

Please describe any concerns you have regarding your child's education, development, or well-being.

2. Strengths

What do you see as your child's strengths, interests, and talents?

3. Needs

What areas do you feel your child needs the most help or support?

4. Goals

Are there specific goals you would like your child to work on this year?

5. Effective Strategies

Are there strategies that work well at home/school that you would like to share?

6. Additional Information

Please share anything else you believe would be helpful for the IEP team to know.