

Parent/Guardian Input Questionnaire for Special Needs

Student Name

Date of Birth

Parent/Guardian Name

Contact Information

What are your child's strengths?

What challenges does your child experience?

What goals do you have for your child this year?

What supports have worked well for your child?

Are there any triggers or situations your child finds difficult?

Medical conditions/medications we should be aware of?

Anything else you'd like us to know about your child?