**Avoyelles Parish School Board**

**Parental Input Form**

The IEP Committee will meet on ­­      (date) at       (time) to discuss your child’s educational needs.

Student Name:

Your attendance at the meeting is important to the success and productiveness of this meeting.

A letter stating the date and time of the meeting has been sent to you. Please respond to this letter in a timely manner. We need your input as a parent in your child’s educational needs.

Please fill in the information below as it relates to your child and return to the school before the date of the IEP meeting.

Please respond to all questions.

1. Briefly discuss your child’s strengths, interests, talents, etc.
2. Briefly discuss your child’s weaknesses, needs, concerns, etc.
3. List any medical conditions/concerns of your child.
4. List all prescribed/routine medications that you child takes at home and/or at school. Include name of medication(s), strength, and time administered.
5. Describe any phobias/fears your child may have.
6. List any allergies that your child has. Include what is to be done for your child in the event of an allergic reaction.
7. List skills you would like to be addressed in the classroom setting.
8. What would you like your child to do after graduation?
9. List some academic/social skills that your child knows.
10. List any dietary needs your child has.
11. Complete the following: Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone # ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency Contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency Contact phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_