**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 Has fears Forgets things Tries to hurt self Has fevers 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 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 Refuses to do homeworkIs 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 |  Says, “I wish I were dead” Does not sleep well 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 about everything Refuses to go to bed 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,***