**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 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 | 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,***