|  |  |
| --- | --- |
| **student’s name** |  |

**Parent Survey for IEPs**

**What are your child’s strengths? (check all that apply)**

|  |  |
| --- | --- |
| * tries new things * makes new friends easily * encourages others * admits mistakes * does chores when asked * does homework * does not give up easily * adjusts well to changes in routine * is friendly | * has a sense of humor * has good ideas * feels good about self * listens attentively * follows instructions * asks for help * adjusts well to new people * has good manners * is a good sport |

**What areas do you feel your child needs to improve? (check all that apply)**

|  |  |
| --- | --- |
| * argues with adults * complains about work * is overly active * acts without thinking * does not listen well * tries to hurt others * is easily distracted | * stays mad for long periods of time * has difficulty maintaining self-control * has trouble making friends * has low self esteem * whines * always has to be right * has trouble moving from one task to another |

**What does your child like to do for fun? (check all that apply)**

|  |  |
| --- | --- |
| * listen to music * sing * tell stories * create art * write stories * draw pictures * color | * dress up * ride a bike * watch television * play board games * play video games * play with friends * read books |

**What other activities does your child enjoy doing at home?**

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| --- |
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|  |
|  |

**Is there any other information you’d like for us to know about your child?**

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| --- |
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