

## **Parent Input Form for the IEP Meeting**

*Please provide to child's case manager prior to the meeting*

Student's Name: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Date Invitation and Form sent to parents: \_\_\_\_\_

Date of IEP Meeting: \_\_\_\_\_

What do you believe your child requires and the IEP team needs to discuss to enhance his/her academic needs including math, reading, and writing?

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What do you believe your child requires and the IEP team needs to discuss to enhance his/her functional needs including social, emotional, behavioral, OT, PT and counseling?

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What do you believe your child needs and the IEP team needs to discuss to enhance his/her safety and or functional (eating, dressing, organization, etc.) needs during the school day?

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Please add any other areas of concerns you may have relating to your child's educational program:

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