



PARENT DATA FORM

Student: _____ DOB: _____ IEP Meeting Date: _____

Please respond to each of the items below. Your input is a valued and important part of the planning that goes into developing appropriate educational programming for your child. Thank you.

Your child's **strengths** (things that your child is good at):

Your child's **interests** and **preferences** (e.g., my child is interested in football, but prefers to watch it on TV):

Your child's **challenges** (things that your child finds difficult):

Given your child's challenges, what skills has your child learned that he/she is using at school, home, or in the community?

What would make school better for your child (e.g., read directions out loud, have an assignment book)?

Is there anything else you believe the IEP meeting team needs to know to better understand your child?

Goals I'd like to see my child meet this next year (think about home, school, extracurricular/outside activities, and community):

What is your vision of the future for your child (long-range expectations) based in the areas of living, lifelong learning, and work?

Completed by: _____ Relationship to student: _____