

IEP Preparation and Participation Form for Parents



This form follows the order of the IEP. It is designed to help you (and when appropriate, your child) participate more effectively in the IEP process and to assist you and your child’s teacher in planning to meet your child’s needs.

Although completion of this form is not required, your input is very important in the development of your child’s IEP. Feel free to complete only the questions you believe apply to your child’s educational needs. You may want to ask your child some of these questions, as well.

1. Present Level of Academic Achievement and Functional Performance (PLAAPF)

How does your child learn best? What approaches work best with your child? What best motivates your child?	
What has your child accomplished this year in school, at home, in the community?	
What do you feel are your child’s strengths, gifts, talents?	
What do you feel are your child’s educational, communication, behavioral, social and emotional needs?	
Do you have any concerns about your child’s education, safety or future?	
Do you feel there is need for additional information or testing to identify your child’s learning needs or areas of disability?	
What do you feel your child is ready to learn? What goals or objectives do you have for your child?	

2. Special Considerations: Federal and State Requirements

These areas are required to be addressed by the IEP committee:

	YES	NO
Is your child blind or visually impaired?		
Is your child deaf or hearing-impaired? Use an assistive hearing device?		
Does your child exhibit behaviors that impede his/her or others' learning?		
Does your child have limited English proficiency?		
Does your child have communication needs?		
Does your child need assistive technology devices or services?		
Is your child eligible for extended school year (ESY) services?		
Are transition services required (age 16 and older)?		
Has there been a transfer of rights (age 18)?		
Are state assessments administered for your child?		
Are district-wide assessments administered for your child?		

3. IEP Goals

Given your child's present level of academic achievement and functional performance, what would you like to see your child accomplish this year, related to their areas of need?	
What long-range goals do you have for your child?	

4. Services Summary

What services do you think your child needs and where do you think your child should receive these services (i.e. general education classroom, resource room, special education classroom, Special School District school)	
What changes, adaptations or modifications in general or special education programs are needed for your child to succeed?	

(continued, next page)

4. Services Summary (continued)

What supports, adaptations or modifications are needed for your child to be successful in a general education classroom or in extra-curricular activities?	
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5. Transportation

This will be discussed if your child needs transportation as a related service.

6. Regular Education Participation/Placement Considerations

Do you feel your child has sufficient opportunities and support to interact with students without disabilities?	
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