

Parental Input Form for IEP Meetings

Student Name

Parent/Guardian Name

Date

Parent/Guardian Email

1. What are your child's strengths?

2. What are your child's areas of need or challenges?

3. What are your educational goals for your child this year?

4. What supports or services do you believe are needed for your child?

5. Please share any other information or concerns you would like the IEP team to consider.

