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| **Parent Questionnaire – IEP Review** | | | | | |
| **Dear Parent:** | | | | | |
| **We are looking forward to meeting with you to discuss your child’s new IEP. Please take a few minutes to review these questions. Your input is important to the Team. Please return this form by** \_\_\_\_\_\_\_\_\_\_ **so I can include your input in the draft IEP. You can also call me at** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **if you prefer to discuss your input by phone.** | | | | | |
|  | | | **Thank You,** | | |
| My child is interested in: | |  | | | |
|  | | | | | |
|  | | | | | |
| My child is best at: | | | | | |
|  | | | | | |
|  | | | | | |
| My child needs the most help with: | | | | | |
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|  | | | | | |
| Special concerns I have about my child: | | | | | |
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|  | | | | | |
| Suggestions I have about working with my child: | | | | | |
|  | | | | | |
|  | | | | | |
| I would consider this a successful school year for my child if: | | | | | |
|  | | | | | |
| **Parent Name** |  | | | **Date Completed** |  |