

Cecil County Public Schools
Special Education Parent/Guardian Input Form

Student Name: _____ **School:** _____ **Date:** _____

As a member of the IEP Team, it is important that your input regarding your child’s educational progress be included in our discussions. Please provide information that reflects your child’s present strengths and weaknesses, your concerns, your expectations and/or related issues. We greatly appreciate your feedback. Please provide your comments in the sections below and return with the meeting notice or bring input to the IEP meeting:

Student Interests, Attributes, Accomplishments

Please list your child’s interest areas, personal attributes, and personal accomplishments:

Academic (Reading, Writing, Math, Speech, Language)

Describe your concerns, if any, related to academics areas:

Behavioral/Social (Attention, Organization, Social Interaction, Emotional Control)

Describe your concerns, if any, related to behavior/social areas:

Health (Medical, Vision, Hearing, Mobility)

Describe your concerns, if any, related to health areas:

Physical (Fine Motor, Gross Motor, Dressing, Toileting, Feeding)

Describe your concerns, if any, related to physical areas:

Goals

Please identify your goals for you child.

If you would like assistance with this form or prefer to provide the information by phone or in person, please contact _____ at phone number: _____.

Thank you, we look forward to further collaboration.