

Cecil County Public Schools
 Preschool 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 developmental and educational progress be included in our discussions. Please provide information that reflects your child’s strengths and needs at home or in community settings, your concerns and expectations and/or related issues. We value your feedback as we work together to support your child’s development and school readiness. Please provide your comments in the sections below and return to the school with the meeting notice or bring with you to the IEP meeting.

My Child’s Interests or Attributes

Please list your child’s interest areas or personal attributes.

My Child’s Strengths and Needs

	How Does my Child...	My Child’s Strengths What are some things my child likes to do? What skills does my child demonstrate or is beginning to demonstrate?	My Child’s Needs What are some things or behaviors that my child does not do or are difficult for him or her? In what activities or skill areas does my child need considerable support and/or practice?
Developing Positive Social Relationships	<ul style="list-style-type: none"> • Relate to family members? • Relate to/interact with other adults? • Relate to/interact with siblings/other children? • Communicate/regulate emotions and feelings? • Engage others in social interactions and play? • Adapt to changes in routines or settings? • Understand and follow social rules? 		
Acquiring and Using Knowledge and Skills	<ul style="list-style-type: none"> • Communicate (e.g., through sign language, spoken vocabulary, augmentative device, picture symbols)? • Use words and skills in everyday settings, including play? • Interact with books, pictures, print? • Problem solve new situations? • Understand pre-academic concepts? • Understand and respond to directions? 		
Use of Appropriate Behavior to Meet Needs	<ul style="list-style-type: none"> • Communicate wants and needs? • Contribute to his/her own health and safety? • Meet self-care needs (feeding, dressing, toileting)? • Respond to delays in getting needs/wants met? • Seek help when necessary? • Move around to get things? 		

Goals

Please identify your goals for your 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 for your input. We look forward to further collaboration.