IEP Planning Sheet for Parents/Guardians

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| **Student Name:**  | **School:**  |
| **Parent/Guardian Name(s):**  | **Date:** |

**In order to develop an effective program for your child it is important to have your assistance and knowledge. Please consider the following questions:**

1. What do you feel are the strengths of your child? How do you think they learn the best?
2. What are your child’s favourite activities? Does he/she have any special talents or hobbies?
3. What do you feel are the areas which may cause frustration for your child?
4. Do you have concerns as to your child’s progress? (Please explain)
5. How does your child usually react when upset and what do you find is the best way to deal with this behavior?
6. What are your main hopes for your child this year?
7. Is there other information that would help us gain a better understanding of your child? (For example, have there been any significant changes or circumstances at home?)

**Thank you for contributing valuable parental insights. Please return this information to the classroom teacher.**