

Parent IEP Planning Sheet

7	Your name(s)	Child's name:	Date:
i Y Y	our child best, and thinking before	for your child scheduled for provide the following information. You re the meeting about what you would likelopment of your child's IEP, and help	e for
1	. My child's strengths include (the social/behavioral or areas unique	nink about areas such as reading, writi ne to your child):	ng, math
2	. The school skill/s I see my chil	d struggle the most with is/are:	
	An example of this is:		
3	. I hope my child's future include	S	
4.	My child's greatest interests are	e in the area(s) of:	
5.	What does your child like about s	school? Dislike about school?	
6.	The one area I would like to see	the school focus on for my child is:	
7.	To better understand my child, I	believe school staff should know:	