Dear Parent or Guardian of __________________________________________,

You have been invited to participate in a meeting concerning your child’s educational program. Since you know your child best and can offer helpful insights from a unique perspective, your participation is greatly valued as a member of the team. This Parent Report Questionnaire is one way for you to offer your input. Though filling out all or any part of this form is optional, your ideas and opinions will help the team better understand your child and guide us in developing an appropriate individualized educational program. Please bring this form with you to the educational meeting, scheduled for (date) _____________ at (time) _____________ at (location) ____________________________

PARENT REPORT QUESTIONNAIRE
(Preparing for the IEP Meeting)

(1) What are your child’s best attributes and positive qualities? ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(2) What concerns or questions do you have about your child? ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(3) What are your goals for your child in the next year? ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(4) What are your future hopes and goals for your child? (Where do you see your child at age 25?)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
(5) How does your child learn best (seeing, hearing, hands-on; working alone or with others?)

________________________________________________________________________

(6) What type of positive reinforcement (and reward) works well with your child?

________________________________________________________________________

(7) What do you see as your child’s strengths and what are your concerns, if any, in these areas?
   a. Academic (reading, math, written language…) ________________________________
      ______________________________________________________________________
   b. Recreation & Leisure (outside of school activities & interests) ________________
      ______________________________________________________________________
   c. Community Participation (safety, transportation, group interaction, shopping…) ______
      ______________________________________________________________________
   d. Home/Independent Living (self-care, responsibility, habits, …) _________________
      ______________________________________________________________________
   e. Jobs and Job Training (skills that apply to self-sufficiency or future employment) ______
      ______________________________________________________________________
   f. Post-school Training or Learning (skills, interests, plans once out of school) __________
      ______________________________________________________________________
   g. Other Areas (health considerations, communication, physical abilities, emotional or behavioral
      areas, mobility…) ____________________________________________________________
      ______________________________________________________________________

A-5 Page 2 of 2 Parent Report Questionnaire