Parent/Guardian Report for Upcoming
Individualized Education Plan (IEP) Meeting

Parent/Guardian Name: ______________________________________________________ Relationship to Student: ________________
Student Name: ____________________________________________ Phone Number: __________________________ Date: __________________

This report will assist the Special Education case carrier in writing your child’s DRAFT IEP including the Present Levels of Academic Achievement and Functional Performance, Annual Goals, as well as Accommodations, Modifications and Behavior Plans for his/her upcoming IEP meeting.

Based on your observations and interactions with your child, please identify your child’s strengths and areas of need in each of the following areas listed below. Some specific examples are listed for you to consider, but please feel free to provide additional information. Thank you for your time!

**Functional Skills (as related to school performance)** (e.g. self-care, independence, etc.)

Strengths:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Areas of Need:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

**Academic Skills** (e.g. reading, writing, mathematics abilities)

Strengths:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Areas of Need:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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**Behavior/Social Emotional** (e.g. following rules & directions, interpersonal relationships).

Strengths:

Areas of Need:

**Study/Organization Skills** (e.g. organization, time management, study habits, etc.)

Strengths:

Areas of Need:

**What type of assistance (accommodations and/or modifications) has been successful for your child for completing assignments, tasks, assessments, etc?**

**What motivates or reinforces your child?**

**What are you celebrating for your child this year?**

**What are your long term goals for your child?**

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