

**Exceptional Student Education  
Parent Input - IEP/EP/SP**

Student:

Date:

**Dear Parent:**

Your input is very important in developing a plan that meets your child's special needs. Please take a few minutes to think about what makes your child unique, the kinds of services the school has provided that have been helpful, whether or not your child has made progress, and the goals that you would like your child to reach in the year ahead. We encourage you to make notes and bring them with you to the IEP/EP/SP team meeting. If you are not able to attend the meeting, you may use this form to provide input to the team prior to the meeting.

1. Describe your child's strengths:

2. Describe your child's successes this year:

***(Think about the areas in which your child does well, in educational and socially)***

3. Describe concerns you may have about your child:

***(Think about the areas that are most difficult or challenging for your child)***

4. Include any additional concerns, helpful information, or questions you may have:

Signature:

Date:

**\*Submission of this form via e-mail constitutes the equivalent of a signature on the form.**

*Please attach any additional information you feel might be helpful in meeting your child's educational needs.*