

PARENT INPUT FORM – SE 8E (For IEP Review)

Date: _____
Student: _____ DOB: _____ Age: _____ Grade: _____
School: _____ Address: _____
Interviewee: _____ Relation to student: _____
Mailing Address: _____ Contact #: _____

SECTION ONE: MEDICAL INFORMATION

My child current level of health is: ☐ Excellent ☐ Good ☐ Poor (Explain): _____
Is your child taking any medication? ☐ YES ☐ NO
If YES, what is/are the name(s) of the medication? _____

SECTION TWO: CHILD'S PREFERENCES, INTERESTS, AND ABILITIES

Things my child likes to do during his/her free time:

My child is interested in:

My child is best at:

Strengths my child has in the areas of:

Academics:

Speech:

Motor:

Social/Behavior:

Self-Help:

Possible alternatives and/or additions to my child's current program:

My child needs help with:

Suggestions I have about working with my child:

Other comments:

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Original: ☒ School

Copy: ☒ Parent

Copy: ☒ SPED Office

09.10.10