

IEP Preparation and Family Participation Form for _____

Where does your child go to preschool? _____

How many days a week? _____ How many hours a day? _____

What special education services and/or private therapies does your child receive now?

The next section follows the order and contains wording as stated on the state IEP forms. It is designed to help you participate more effectively in your child's IEP and to assist you and your child's teacher in planning to meet the needs of your child. Although completion of this section is not required, your input is very important in the development of your child's Individualized Education Plan (IEP). Feel free to complete only the questions you believe apply to your child's educational needs.

A. Present Levels of Academic Achievement and Functional Performance

What the IEP says: *The strengths of the student;*

What it means: **What do you feel are your child's strengths, interests, talents?**

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What IEP says: *The concerns of the parents for enhancing the education of their child;*

What it means: **Do you have any concerns about your child's education, safety, or needs?**

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What the IEP says: *The present level of academic performance, including the student's most recent performance of State or district-wide assessments;*

What it means: **What are your child's pre-academic skills? (Pre math concepts, pre reading concepts).**

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What the IEP says: *The present level of developmental and functional performance, including the results of the initial or most recent evaluation;*

What it means: **How well do you think your child functions in a classroom setting? (i.e. daily living skills, self-care skills, attention span, social skills)**

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What the IEP says: *How the student's disability affects involvement and progress in the general education curriculum;*

What it means: **Based on your child's learning style, what supports and accommodations help him or her make progress in the classroom?**

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What the IEP says: *The student's preferences, needs, interests, and the results of age-appropriate transition assessments;*

What it means: **What do you want your child's teachers to know about your child's preferences, needs, and interests?**

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B. Goals

Please include the top five priorities you feel are important for the school team to consider. Some categories may include academic needs, motor needs as related to school, safety, social skills, independence as it relates to daily living and school participation.

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