

**Individual Educational Planning  
Referral and IEP Planning Sheets**

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

To develop the best possible program, we need your assistance and knowledge of your child. Below are some questions for you to answer. **Please fill out this form and send it back to your child's school as soon as possible.** The information that you share will be used to prepare a draft profile and word picture about your child. It will also help the IEP team evaluate and/or develop appropriate goals for your child.

☞ What do you feel are the strengths of your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☞ What do you feel are your child's weaknesses (e.g., areas that may be frustrating or that you feel your child has a particular need to improve)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☞ How do you think your child learns best? What kind of situations makes learning easiest? (Examples might include, projects, hands-on-learning, structured environment, time limits.)  
\_\_\_\_\_  
\_\_\_\_\_

☞ Please describe educational skills that your child practices at home regularly (e.g., reading, making crafts, taking things apart, putting things together, using the computer, coloring).  
\_\_\_\_\_  
\_\_\_\_\_

☞ Does your child have any behaviors that are of concern to you or other family members? (If so, please describe the behavior(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☞ What are your child's favorite activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

⊞ What are your child's special talents or hobbies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

⊞ When was the last eye examination completed with your child? \_\_\_\_\_

⊞ When was the last hearing examination completed with your child? \_\_\_\_\_

⊞ Is there a history of speech delay/language delay in your family (grandparent, parent, sibling)?

\_\_\_\_\_

⊞ Please list any modifications or accommodations that seem helpful for your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

⊞ How does your child usually react when upset and how do you deal with the behavior?

\_\_\_\_\_

\_\_\_\_\_

⊞ If you have particular concerns about your child's school program this year, please describe them. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

⊞ What are your main hopes for your child this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

⊞ Please list any other information that would help us gain a better understanding of your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***We appreciate you taking the time to contribute valuable parental insights about your child.***