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Parent Input Questionnaire

The purpose of this form is to gather parent input prior to an IEP meeting, which will assist in developing the IEP. The Parental Input Questionnaire serves as a vital tool in the development of Individualized Education Programs (IEPs) for students with unique learning needs. This form may be used for other purposes, such as during referral and evaluation process, or other meetings.

Date: _____

To: _____
Parent(s)/guardian(s)/adult student

Re: _____
Student Name

The IEP team, which includes you, will be meeting soon to discuss your child. Your input is extremely valuable. Please complete this form and return it to your child's school by: _____

Date

Student Strengths: What are the strengths of your child? Are there any subjects or activities where your child shows exceptional abilities?

Academics	Behavior
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Student Motivation: What motivates your child? Are there any factors that seem to positively or negatively impact your child's motivation?

Academics	Behavior
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Student Challenges: What concerns do you have about your child that we should be aware of? Are there any specific academic, social, or behavioral challenges that you have noticed?

Academics	Behavior
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Previous Interventions: Have any interventions or accommodations been implemented for your child in the past? What techniques have you used to address the previous concerns?

Student goals: What are the most important goal(s) that you would like to see accomplished in the upcoming year? Are there any specific outcomes you hope to achieve? What goals does your child have for themselves?

Student Home and Health: Please describe your child's home environment. Are there any home, health, or medical conditions that may affect learning?

Additional Comments: Is there any other information that we should know that would assist us in developing the IEP?

Thank you for taking the time to complete this questionnaire. Your input is invaluable in shaping your child's education experience. We look forward to continuing working together with you.