

Parent IEP Questionnaire

1. What are your child's greatest strengths?
2. What are your child's greatest needs?
3. How would you describe your child's attitude toward school?
4. Please comment on your child's development of peer relationships.
5. What are your goals for your child in the next year?

6. What are your future hopes and goals for your child?

7. How does your child learn best (seeing, hearing, manipulating; working with others, or alone ...?)

8. What kinds of positive reinforcement (and reward) have you found works well with your child?

9. What do you see as your child's strengths and what are your concerns, if any, in these areas?
 - a. Academic (math, science, written language, oral communication...)

 - b. Hobbies (outside of school activities & interests)

 - c. Community Participation (safety, transportation, group interaction, shopping...)

d. Independent Living (self-care, responsibility, habits, ...)

e. Job Training (relating to self-sufficiency or future employment)

f. Other Areas (health considerations, communication, physical abilities, emotional or behavioural areas, mobility...)