

## Parent Information Form

Name of Student: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In order to assist the school staff with preparing your child's evaluation report or IEP, please respond to the following questions the return this form to your child's special education teacher.

1. My child is interested in the following:
2. At this time my child's strength's include -- (please describe the environment where these strengths are shown):
3. At this time my child needs to learn the following:
4. I would like the school staff to do the following to help my child: