

CARE Parent Network IEP Worksheet

Child's Name _____

Disability or Special Need(s) _____

Write a short paragraph describing your child. You can talk about his/her likes, dislikes, something about his/her personality, how she/he enjoys spending time, relationships with siblings or other family members, or favorite thing to do.

Name three areas of strength for your child.

1. _____
2. _____
3. _____

Name three areas that worry you.

1. _____
2. _____
3. _____

Think about the information you have been given about your child, the assessments you have read, and your knowledge about your child. What areas of need should be addressed in the education setting?

1. _____
2. _____
3. _____
4. _____
5. _____

In each of the following areas, try writing a broad goal and 1-2 objectives that you would like included on the IEP.

MOTOR SKILLS

Goal: _____

Objectives: _____

SELF-HELP SKILLS

Goal: _____

Objectives: _____

LANGUAGE/COMMUNICATION SKILLS

Goal: _____

Objectives: _____

SOCIAL/PLAY SKILLS

Goal: _____

Objectives: _____

THINKING SKILLS

Goal: _____

Objectives: _____

Based on your understanding of your child's disability and the implication for related services, what services or supports do you think your child needs, and why? (Examples: speech therapy, occupational therapy, physical therapy, adaptive physical education, orientation and mobility, counseling, behavioral training, etc.)

List any other things you think should be added to the IEP. (Examples: transportation, extended year, etc.)

Is there any other information about your child that is important for the IEP team to know, such as special health care needs?

Things you need to do before your IEP meeting to be ready.

Questions to be answered or need for additional information before the IEP.
