

Student Name: _____ IEP Meeting Date: ____/____/____ DOB ____/____/____
School: _____ District: _____ Child Count #: _____

Form #12 - Parental Input Page

This section of the IEP is designed to provide parents, upon their reflection on the developed IEP, to provide feedback to the IEP Team for inclusion within this IEP. This may include concerns about the level of services, strengths of goals, or potential needs they see should be discussed now or kept in mind for future consideration by the IEP Team. This page should be returned to the school within ten (10) days of receiving the IEP, after an IEP meeting was held to write or amend the IEP.

Input on Process

1. I was provided or offered my parental rights at the start of this meeting?
 Yes No Somewhat
2. The meeting was held at a mutually agreed upon time and place convenient to me?
 Yes No Somewhat
3. I was able to communicate easily with the IEP Team?
 Yes No Somewhat
4. Was the meeting of sufficient length to cover the topics of concern?
 Yes No Somewhat
5. I was asked for my input and feedback during the meeting?
 Yes No Somewhat
6. My input and feedback were used in developing IEP goals and services?
 Yes No Somewhat
7. My input and feedback were used in considering the least restrictive environment for my child? The least restrictive environment means that a child must be included in regular classes and in their neighborhood school to the extent that it is appropriate for that child.
 Yes No Somewhat

Comments and other input: _____
