

PARENT INPUT FORM

Student's Name: _____ **Homeroom:** _____

Parent/Guardian's Name: _____

IEP Meeting Date: _____ **Time:** _____

Parental insights are very important in determining programs for students. Below are some questions in regards to your child and their school experiences. The form is completely optional and may be included in the functional report during evaluation or listed in the IEP under parental concerns, if you so choose. Thank you for your input.

What is your goal for your child over the next year? (specific or general)

What are your child's strengths?

What are your concerns, if any? Please be specific.

How does your child feel about school?

What does your child like most about school?

In your opinion is your child able to complete the skills required to meet their overall grade level standards?

Does your child struggle with the assigned homework? If so, please explain.

Please list any other comments you may have.

Please send completed survey to:
Essex Fells School District
Office of Special Services
102 Hawthorne Road
Essex Fells, NJ 07021

Or scan and email your completed survey to LeeAnn Smith, CST Coordinator at:
lsmith@efsk-6.org