Care Parent Network IEP Worksheet

Son’s/Daughter’s Name__________________________________________________
Special Need(s)/Disability________________________________________________

A. Describe your son/daughter. Include his/her likes, dislikes, personality, favorite activities, employment interests (students of transition age), relationships with siblings/family members.
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

B. List three areas of strength for your son/daughter.
   a. ___________________________________________________________________________
   b. ___________________________________________________________________________
   c. ___________________________________________________________________________

C. List three areas that worry you.
   a. ___________________________________________________________________________
   b. ___________________________________________________________________________
   c. ___________________________________________________________________________

D. Think about the information you have about your son/daughter (e.g., based on assessments, based on your knowledge). What areas of need should be addressed in the education setting?
   a. ___________________________________________________________________________
   b. ___________________________________________________________________________
   c. ___________________________________________________________________________

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

**SOCIAL SKILLS**

EXAMPLE Goal: We want Angela to socialize with classmates at school.
EXAMPLE Objectives:
   1. She will learn how to approach another student and start a conversation.
   2. She will learn how sustain a conversation of 3 back-and-forth exchanges.

Goal: ____________________________________________ _____________________________
Objectives: ______________________________________ ______________________________
___________________________________________________ ___________________________

**SELF-HELP SKILLS**

Goal: ____________________________________________ _____________________________
Objectives: ______________________________________ ______________________________

**LANGUAGE/COMMUNICATION SKILLS**

Goal: ____________________________________________ _____________________________
Objectives: ______________________________________ ______________________________

**MOTOR SKILLS**

Goal: ____________________________________________ _____________________________
Objectives: ______________________________________ ______________________________
THINKING SKILLS

Goal: ____________________________________________ _____________________________

Objectives: ______________________________________ ______________________________

___________________________________________________ ___________________________

PREPARING FOR TRANSITION TO ADULTHOOD

Goal: ____________________________________________ _____________________________

Objectives: ______________________________________ ______________________________

Based on your understanding of your son's/daughter's disability, what services or supports
do you think he/she needs, and why? (Examples: speech therapy, occupational therapy,
physical therapy, adaptive physical education, orientation and mobility, counseling,
behavioral training, one-to-one aide, etc.)

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_______________________________________________________________________________
_______________________________________________________________________________

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

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Is there any other information about your son/daughter 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. (See “Being an Effective IEP
Team Member: A Checklist for Parents” for examples.)

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_______________________________________________________________________________

Questions to be answered or additional information needed before the IEP meeting.

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_______________________________________________________________________________

Compiled by Care Parent Network,
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