

# Care Parent Network IEP Worksheet

Child's Name \_\_\_\_\_

Special Need(s)/Disability \_\_\_\_\_

A. Write a short paragraph describing your child. You can talk about his/her likes, dislikes, personality, favorite toys and activities, relationships with siblings or other family members.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List three areas of strength for your child.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

C. List three areas that worry you.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

D. 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?

- 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.

## MOTOR SKILLS

EXAMPLE Goal: We want Angela to play on the playground with her classmates.

EXAMPLE Objectives: 1. She will learn how to climb a ladder and slide down a slide.  
2. She will learn how to kick a rolling ball.

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, 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. (Example: 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. (See "Being an Effective IEP Team Member: A Checklist for Parents" for examples.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

