

Pre-IEP Survey

Student name _____ IEP Date _____

1) How do you feel the last year has gone? _____

2) Was anything particularly difficult as a parent this year? _____

3) What went great? _____

4) What direction would you like to see your student's goals heading? (emphasis in an areas) _____

5) In what areas have you seen your student make the most growth?

6) In what area to you still see you student struggling? _____

7) How can we as a team better communicate with you? _____

8) What can we as a building do to help your child? _____
