



# CABELL COUNTY SCHOOLS

## CREATE YOUR STORY

### IEP/504 PLAN PARENT INPUT FORM

<i>Parent Name:</i>		<i>Date:</i>	
<i>Student Name:</i>		<i>Grade:</i>	
<i>Parent Email:</i>		<i>Phone:</i>	

You are an important member of your child's team, so your input is needed to develop her/his IEP or 504 Plan. You will have an IEP or 504 Plan Team meeting this school year during a time convenient for you and the school staff. The information you provide on this form will help develop the most appropriate IEP or 504 Plan for your child. Your input is extremely valuable. Please take a few moments to complete the following questions and send this form to your child's Special Education or 504 Plan case manager/teacher. Feel free to attach any documents or additional comments.

1. What about your child makes you proud?
2. When it comes to school, what does your child do well?
3. What motivates your child to do well?

4. Do you have concerns about your child when it comes to learning or attending school?

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5. What techniques have you used to address the concern(s) in #4? Were they successful?

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6. What is/are the most important goal(s) that you would like to see accomplished this school year?

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7. What are your hopes and dreams for your child's future? What has your child shared with you are her/his hopes and dreams for their future?

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8. Is there additional information you would like to share that would assist in developing the plan?

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Please check which days you prefer for meetings.		What time of day works best for your schedule?
<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Any time
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday	<input type="checkbox"/> Morning
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Afternoon
		<input type="checkbox"/> After School