**Parent Questionnaire — Required Questions Marked**

*(Standard & Enhanced Plans only)*

**Section 1: Your Child’s Profile**

⭐ **1. What is your child’s full name and date of birth?**  
⭐ **2. What grade is your child currently in?**  
⭐ **3. What school and district do they attend?**  
⭐ **4. What is your child’s current disability classification (if known)?**  
⭐ **5. What do you want the IEP team to understand most about your child?**

**Section 2: Strengths and Interests**

⭐ **6. What are your child’s academic strengths?**  
7. What are their personal or social strengths?  
8. What do they love to do outside of school?  
9. What motivates them to try hard or stay focused?  
10. How does your child learn best (visuals, repetition, hands-on, etc.)?

**Section 3: Academic and Functional Needs**

⭐ **11. What academic skills are the most challenging right now?**  
12. How does your child handle frustration or confusion in school?  
⭐ **13. Are there subjects where your child is consistently behind grade level?**  
14. Are there skills your child seems to be “stuck” on year after year?  
⭐ **15. Are there functional (non-academic) challenges such as organization, social interaction, self-care, or behavior?**

**Section 4: Current IEP Goals and Services**

⭐ **16. Does the current IEP include goals that match your child’s needs?**  
⭐ **17. Are the goals written clearly and in a way that makes sense to you?**  
18. Do you think the goals are challenging enough—or too easy?  
⭐ **19. Do the current services (e.g., speech, OT, counseling) appear to help?**  
⭐ **20. Are you satisfied with the frequency and quality of services being delivered?**

**Section 5: Inclusion and Access**

⭐ **21. Is your child included in general education classes when appropriate?**  
⭐ **22. Does your child have the support they need to be successful in those classes?**  
23. Do you believe your child is being given access to the same curriculum as peers?  
24. Are there social opportunities your child is missing out on?  
25. Does your child have friendships or positive peer relationships at school?

**Section 6: Communication and Collaboration**

⭐ **26. How often do you receive updates about your child’s progress?**  
27. Are you satisfied with the communication you receive from the school?  
⭐ **28. Do you feel like a full and equal member of the IEP team?**  
29. Have your concerns been taken seriously in past IEP meetings?  
30. Is there a staff member at school you feel comfortable talking to?

**Section 7: Home-Based Learning and Support**

1. What strategies or routines work well at home?
2. What academic skills do you help your child with at home?
3. Does your child complete homework with independence or support?
4. How do you motivate your child to stay focused at home?
5. Are there areas where home and school could coordinate better?

**Section 8: Vision and Long-Term Planning**

⭐ **36. What do you hope your child will achieve by the end of this year?**  
37. What do you envision for your child 3–5 years from now?  
38. What’s your biggest fear or concern about your child’s future?  
39. What’s your biggest hope for your child’s future?  
40. If you could change one thing about the current IEP, what would it be?