**Parent/Guardian Individual Education Plan (IEP) Survey**

 Student Name: Click or tap here to enter text. Grade: Click or tap here to enter text.

 Parent/Guardian Name: Click or tap here to enter text. Date: Click or tap to enter a date.

Please take a few moments and complete this form to help us learn more about your child and to assist with

the development of their Individual Education Plan.

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| 1. How does your child spend their **spare time**? (Check all that apply)
 |
| [ ]  With family | [ ]  Watching TV/movies | [ ]  Social Media apps |
| [ ]  With friends | [ ]  Netflix | [ ]  Gaming |
| [ ]  Sports | [ ]  Being alone | [ ]  Shopping |
| [ ]  Playing an instrument | [ ]  Reading | [ ]  Cooking/baking |
| [ ]  Part-time job | [ ]  Writing | [ ]  Outdoors |
| [ ]  Extra-curricular activities  | [ ]  Theater/dance | [ ]  Arts, crafts, building things |
| [ ]  Volunteering | [ ]  Listening to music | [ ]  Biking |
| [ ]  Sleeping | [ ]  Internet (YouTube, memes) |  |
| Other: Click or tap here to enter text.1. How does your child **learn best**? Check all that apply.
 |
| **Group size** | **Learning Style** | **Preferred Study Environment** |
| [ ]  Alone | [ ]  Visual | [ ]  Quiet, distraction free |
| [ ]  Small group (2-3 people) | [ ]  Hand-On | [ ]  Noisy busy place |
| [ ]  Medium Group (5-7 people) | [ ]  Listening | [ ]  Alone |
| [ ]  Whole class | [ ]  Activity (experiential) | [ ]  With friends |
| [ ]  Reading | [ ]  Talking about what I have learned | [ ]  With family |
| [ ]  Taking notes | [ ]  Step by step instructions | [ ]  With a tutor |
| Other: Click or tap here to enter text.1. What should your child’s **teacher(s)** know about them?
 |
| [ ]  They have ADHD | [ ]  They have dyslexia (reading disability) |
| [ ]  They feel anxious or stressed | [ ]  They feel misunderstood at school |
| [ ]  They find it hard to come to school/class | [ ]  They lack confidence in (e.g., math/science) |
| [ ]  They have a learning difference | [ ]  They struggle with written output |
| [ ]  They are trying their best | [ ]  They struggle with getting organized |
| [ ]  They often feel lonely |  |

 Other: Click or tap here to enter text.

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| 1. What do you feel are child’s **intellectual** strengths?
 |
| [ ]  They have a good memory | [ ]  They are a creative thinker (come up with ideas) |
| [ ]  They have good understanding/comprehension | [ ]  They are good at analyzing (critical thinking) |
| [ ]  They are a good problem solver | [ ]  They are good at research |
|  |  |

 Other: Click or tap here to enter text.

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| 1. What are some of your child’s **social strengths**?
 |
| [ ]  They are a good listener | [ ]  They are fun |
| [ ]  They make compromises | [ ]  They are sensitive |

 Other: Click or tap here to enter text.

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| 1. What **personal** qualities does your child have that would be considered strengths?
 |
| [ ]  Leader | [ ]  Optimistic | [ ]  Loyal |
| [ ]  Independent | [ ]  Persistent | [ ]  Self-regulator |
| [ ]  Determined | [ ]  Courageous | [ ]  Honest |
| [ ]  Problem solver | [ ]  Creative | [ ]  Curious |
| [ ]  Organized | [ ]  Hard-worker | [ ]  Eager and attentive |
|  |  |  |

 Other: Click or tap here to enter text.

7. What **thinking goals** would be achievable for your child this year? *(Examples: remembering my learning, taking notes studying for tests, making connections, “science”, “math” “French” writing, oral presentations, taking tests, critical thinking, being creative.)*

Click or tap here to enter text.

8. What **social goal** would be achievable for your child this year? What type of support would help your child achieve this? (*Examples: talking to unfamiliar people, meeting new people, getting out of my comfort zone, being more of a leader, solving friendship issues, avoiding friend “drama”, working in groups on projects.)*

Click or tap here to enter text.

9. What **personal goal** would be achievable with supports for your child this year. What would those supports look like? (*A personal goal that would make you feel more successful at school such as organization, time management homework completions, self-advocacy etc.) and what strategies or support so you need or want to get there?)*

Click or tap here to enter text.

10. Are there other hopes you have for your child this year?

Click or tap here to enter text.