

SAU #34 – Hillsboro, Deering, Windsor, Washington

PO Box 2190, Hillsboro, NH 03244

PARENT INPUT FORM

School: _____ Phone # _____

Case Manager: _____

Student: _____ IEP Dates: _____ to _____

DOB: _____ Grade/Level: _____ From: _____ to _____

MY CHILD'S EDUCATIONAL STRENGTHS ARE:

SOME OF THE AREAS OF CONCERN THAT I HAVE FROM MY CHILD ARE:

SOME CURRENT GOALS FOR MY CHILD ARE:

ADDITIONAL INFORMATION OR INPUT THAT MAY BE HELPFUL FOR MY CHILDS INDIVIDUAL EDUCATIONAL PROGRAM IS: