



Elementary Parent Survey

Student Name:

Date:

Teacher:

Completed By:

Instructions:

This survey gathers critical information about your child's strengths, interests, needs and goals for the future in preparation for their upcoming IEP. Complete this survey and return it to your child's IEP case manager.

Strengths & Interests

My child's strengths and interests are:

Things others like/admire about my child include:

Concerns & Needs

Literacy: I have concerns related to my child's... *(select all that apply)*

- functional reading skills (e.g., recognizing name in print, common words, signs and logos within the community)
- foundational reading skills (e.g., sounding out words, reading grade level words, reading fluently and/or with ease)
- reading comprehension skills (e.g., answering questions or telling what a reading passage is about)
- functional writing skills (e.g., writing name, common words and phrases)
- use of writing conventions (e.g., spelling, grammar, basic sentence structure)
- writing composition skills (e.g., writing content and organization)
- no current concerns

Please provide any additional information or concerns related to your child's reading or writing skills:

Math: I have concerns related to my child's... *(select all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> basic number skills (number recognition, counting quantities) | <input type="checkbox"/> basic money skills |
| <input type="checkbox"/> shape recognition | <input type="checkbox"/> ability to tell time |
| <input type="checkbox"/> number calculation skills (addition, subtraction, multiplication, division) | <input type="checkbox"/> math problem-solving skills |
| | <input type="checkbox"/> no current concerns |

Please provide any additional information or concerns related to your child's math skills:

Social Emotional Behavioral: I have concerns related to my child's... *(select all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> identification and awareness of emotions | <input type="checkbox"/> time management, organizational skills and ability to turn in or complete assignments or work on time |
| <input type="checkbox"/> management of feelings and emotions | <input type="checkbox"/> limited safety awareness |
| <input type="checkbox"/> friendships and relationships with others | <input type="checkbox"/> physical aggression or harm to self or others |
| <input type="checkbox"/> ability to follow social rules, norms and expectations | <input type="checkbox"/> repetitive behaviors (e.g., lines things up, flaps hands or rocks back and forth) |
| <input type="checkbox"/> ability to set goals, make decisions and advocate for themselves | <input type="checkbox"/> challenging behaviors |
| <input type="checkbox"/> ability to persist and complete a series of tasks or assignments, following multi-step instructions | <input type="checkbox"/> mental health concerns (e.g., anxiety, depression) |
| | <input type="checkbox"/> no current concerns |

Please provide any additional information or concerns related to your child's social emotional behavioral needs:

Language & Communication: I have concerns related to my child's... *(select all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> lack of speech/speech delays | <input type="checkbox"/> ability to understand verbal language (e.g., receptive understanding) |
| <input type="checkbox"/> speech production (e.g., fluency/ stuttering, articulation or other speech concerns) | <input type="checkbox"/> conversation skills |
| <input type="checkbox"/> communication of basic wants and needs | <input type="checkbox"/> nonverbal communication (e.g., ability to read others' nonverbal cues and use them expressively to communicate) |
| <input type="checkbox"/> beginning social communication (e.g., social greetings) | <input type="checkbox"/> no current concerns |
| <input type="checkbox"/> vocabulary and sentence structure when speaking | |
| <input type="checkbox"/> ability to understand and follow directions | |

Please provide any additional information or concerns related to your child's language and communication skills:

Functional Skills: I have concerns related to my child's... (select all that apply)

- feeding skills
- personal care skills (e.g., toileting, hand washing, grooming)
- ability to independently participate in home living activities (e.g., chores, simple food preparation)
- ability to access and participate in community and school-based activities (e.g., field trips, assemblies)
- participation in leisure activities (e.g., independent or group activities)
- no current concerns

Please provide any additional information or concerns related to your child's functional skills:

Health Information: I have concerns related to my child's... (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> vision | <input type="checkbox"/> sleep |
| <input type="checkbox"/> hearing | <input type="checkbox"/> nutrition or dietary needs |
| <input type="checkbox"/> gross motor skills | <input type="checkbox"/> medical needs/diagnosis |
| <input type="checkbox"/> fine motor skills | <input type="checkbox"/> other |
| <input type="checkbox"/> sensory needs | <input type="checkbox"/> no current concerns |

Please provide any additional information or concerns related to your child's health:

Future Goals, Hopes & Dreams

My primary goals for my child's next school year include:

Long-term Goals, Hopes & Dreams: When considering the future, my hopes and dreams include my child being able to... (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> complete high school | <input type="checkbox"/> enter the workforce, with or without support |
| <input type="checkbox"/> graduate from high school with a diploma | <input type="checkbox"/> access and participate in community events and activities |
| <input type="checkbox"/> live independently after high school, with or without support | <input type="checkbox"/> enjoy meaningful relationships with others |
| <input type="checkbox"/> attend a postsecondary school (e.g., college, technical school, training program) upon graduation | <input type="checkbox"/> other |
| <input type="checkbox"/> obtain meaningful, full-time employment | <input type="checkbox"/> unsure at this time |

Please provide any additional information related to your future goals, hopes and dreams for your child: