

## Written Input Provided to Individualized Education Program Team

Parent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Individualized Education Program (IEP) Team Meeting: \_\_\_\_\_

Dear Parent or Guardian and members of the IEP Team,

Although I am unable to attend the scheduled IEP Team meeting for your child, the following information is being provided to you to assist in developing an appropriate Individualized Education Program.

**Curriculum/Content Area:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Based upon my class structure and content, the following student strengths may be used to enhance academic and/or social success:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Based upon my class structure and content, how will/does the student's disability affect progress in my class?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessment information that may help to define the student's Present Level of Academic Achievement and Functional Performance:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**General Education classroom accommodations and/or modifications to be considered at the IEP Team meeting:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to be distributed prior to IEP Team meeting:  Parent  IEP Team Members