



## IEP Preparation and Observation Guide for Families

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Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

What things does your student do best? \_\_\_\_\_

What needs does your student have? \_\_\_\_\_

How does your student seem to feel about:

School? \_\_\_\_\_

Work (if he goes to work)? \_\_\_\_\_

Himself or Herself? \_\_\_\_\_

Other people (friends, family, teachers, co-workers)? \_\_\_\_\_

How well does your student take care of himself or herself (dressing, eating, staying clean, getting from place to place, buying things, etc.)? \_\_\_\_\_

What does your student do to help you at home? \_\_\_\_\_

How well does your student follow directions? \_\_\_\_\_

What does your student like to do when he has free time? What are his hobbies?

What does your student not like to do? \_\_\_\_\_

How many friends does your student have? \_\_\_\_\_

How old are your student's friends? \_\_\_\_\_

What does your student do with his friends? \_\_\_\_\_

How much, and how well, does your student communicate with other people? \_\_\_\_\_

Does your student talk?      Yes    No

If no, how does he communicate? \_\_\_\_\_

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What kinds of jobs or chores has your student done? \_\_\_\_\_

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What services does your student receive from community agencies? \_\_\_\_\_

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How is your student performing academically? \_\_\_\_\_

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What are current academic needs? \_\_\_\_\_

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What assistive technology devices does your student use? \_\_\_\_\_

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Is your student aware of the types of work available in the community?  Yes  No

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What kind of job or career would your student like to have? \_\_\_\_\_

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Where would you like to see your student living and working five years from now? \_\_\_\_\_

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What does your student most need to learn in order to be ready for adult life? \_\_\_\_\_