Harwood Unified Union School District

Parental Input for Evaluation Plan

Date: _____

Child's Name: _____   DOB: _____

Parent's Name and Address: _____

_____

_____

Please answer the following questions about your child. The information you give will be used by the Evaluation and Planning Team (EPT) to prepare an evaluation plan. An EPT is a group of people that includes one or more special education teachers, the classroom teacher, and other people who may have worked with your child or have experience in the area of the concern.

Physical and Health Characteristics: (for example: allergies, ear problems, operations, eye glasses)

Fundamental Skills/Academic Development: (for example: talking, listening, walking, running, reaching or holding objects, thinking and understanding, matching colors, shapes, or for older children: academic reading, writing, math, science, social studies, etc)

   A. Please tell us about activities or subjects which your child enjoys.

   B. Please tell us about any activity(ies) or subjects your child has a hard time with or avoids.

Social, Behavior, or Emotional Characteristics: (for example: shows off, spends a lot of time alone, gets along well with others, gets discouraged easily, seems happy etc)

   A. How does your child interact with familiar children or adults?

OVER

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    B. Do you have any concerns about your child's behavior at home? Please tell us about them?

Current Life Circumstances: (for example: new brother or sister at home, divorce, best friend moved away, death of someone close, etc)

Please tell us about problems (if any) in your child's life that may be bothering your child, if you feel it would help the school team.

Other:

    A. Are there other areas you feel we should look at?

    B. Do you have any other concerns?

    C. Please give us any additional information you think would be helpful.

(This section is to be completed by the teacher if this was a telephone interview.)

Person completing form: _____

Information Given by: _____