

IEP Breakdown Interview

Name of Child/Youth: _____ Name of Parent/Guardian: _____

Person completing this Form: _____

Do you believe the IEP meets the needs of your child? _____

What are your concerns with the child's education? _____

If you could change the IEP to better reflect your child's needs, what would you add to or change about the IEP?

Are all your child/youth's diagnoses and issues adequately reflected in the IEP? If not, please explain:

Please check any boxes below if you have concerns regarding these issues in your child's IEP:

Social Skills

Time Management Skills

Academics

Self-Management Skills

Reading

Behavior

Writing

Self-Regulation

Math

Other _____

Accommodations/Modifications

Organizational Skills

Assistive Technology

Transition Services Skills

Making Sufficient Progress?

Job Skills

Community Engagement

Manners/Rules

Independence Skills

Soft Skills

Showing Regression?

Hygiene

Communication/Language

Life Skills

Daily Living Routines

Social/Emotional

Other: _____

Self-Advocacy

Transportation
