

## Year Review and Planning Form

(Name of Student) \_\_\_\_\_

This form is for parents to fill out with thoughts of what went well for your child and thoughts and ideas for the following school year. The administration will use this information to help make decisions about where your child will be placed and help to schedule therapies, cotreatments, activities, etc. Not all requests can be honored, but this form is a way for the administration to know any thoughts you may have in regards to your child. Please circle the three most important things you would like us to consider for the coming school year. Please note that this is not a form to request additional clinical time or change the I.E.P.

Please remember these forms are confidential and will ONLY be viewed by Rob Hair, Kathy Heydt and your child's social worker.

**When organizing the following school year please consider the following:**

Topic	Parent Thoughts or Ideas
Teacher	
Friends/Types of Peers	
Speech Language Pathology	
Occupational Therapy	
Physical Therapy	
Sensory Motor Integration	
Music	
Orientation and Mobility	
Times of day to consider when making the schedule for my child.	

Please fill out both sides

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Topic	Parent Thoughts or Ideas
Should certain therapies/ activities be coordinated? If so, why?	
How do you see your child learning best?	
Other	
Other	
Other	
Other	
Other	

Comments \_\_\_\_\_

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\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

Please fill out both sides