



Intermediate Unit 1

SERVING FAYETTE, GREENE, AND WASHINGTON COUNTIES

NONPUBLIC PARENT/GUARDIAN INPUT FORM PR-5

Student: _____

Date: _____

Person Completing Form: _____

Phone: _____

Address: _____

Student's Date of Birth: _____

Non-public School: _____

Title: _____

Return Form To: _____

As part of the pre-referral/evaluation process and/or IEP Revision, we ask that you provide us with information and opinions that will be helpful in identifying your child's educational needs. This information will help nonpublic school staff to identify your child's needs and prepare recommendations for educational planning.

1. Please indicate any concerns regarding your child's medical/social history.

2. Please indicate the progress your child has experienced in school.

3. Please list those things your child does well.

4. Please indicate those areas that you consider to be your child's educational needs.

Written Communication Skills

_____ poor notetaking skills

_____ poor written communication skills

_____ poor handwriting

_____ slow in completing assignments

Visual Skills

_____ poor oral reader

_____ reversals in reading or writing

_____ poor writing and spelling

_____ trouble taking notes in content areas

_____ near or far point copying

Auditory Skills

- | | |
|---|---|
| <input type="checkbox"/> poor at following directions | <input type="checkbox"/> reading and spelling problems |
| <input type="checkbox"/> poor verbal skills | <input type="checkbox"/> poor speech or articulation skills |

Organizational/Study Skills

- | | |
|--|--|
| <input type="checkbox"/> poor work habits | <input type="checkbox"/> can't get started or stay on task |
| <input type="checkbox"/> fails to complete assignments | <input type="checkbox"/> short attention span |
| <input type="checkbox"/> lacks motivation | <input type="checkbox"/> distractible |
| <input type="checkbox"/> unorganized | |

Social Skills

- | | |
|---|---|
| <input type="checkbox"/> trouble with relationships | <input type="checkbox"/> hyperactive |
| <input type="checkbox"/> disruptive | <input type="checkbox"/> uncooperative |
| <input type="checkbox"/> discourteous | <input type="checkbox"/> poor self-esteem |

Indicate those academic areas that you consider to be your child's educational needs.

Language Arts

- poor expressive writing skills
- poor grammar and sentence structure
- poor capitalization and punctuation
- poor spelling skills

Reading

- poor phonics skills
- poor decoding
- poor comprehension, study skills
- avoids reading magazines, books, etc.

Math

- does not know computation facts
- does not apply math skills for time money, measurement
- does not understand word problems
- has difficulty with complex math processes

History

- has difficulty reading text and tests
- has difficulty understanding concepts
- poor recall of facts or events

Science

- has difficulty reading text and tests
- has difficulty understanding concepts
- poor recall and application of content/skills taught
- other

5. Do you have any suggestions that would help the school in meeting your child's educational needs?

Parent/Guardian Signature

Date