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| A close up of a sign  Description automatically generated  Donald W. Martin  Executive Director | Intermediate Unit 1  Serving Fayette, Greene, and Washington Counties  One Intermediate Unit Drive | Coal Center, PA | 15423  Phone: 724.938.3241 | Fax: 724.938.6665  www.iu1.org |

**NONPUBLIC PARENT/GUARDIAN INPUT FORM**

Student Date:

Person Completing Form: Phone:

Student’s Date of Birth: Non-public School:

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:**

1. **Please indicate those areas that you consider to be your child’s educational needs:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Written Communication Skills** | |  | **Visual Skills** | | |
|  | poor notetaking skills |  |  | | poor oral reader |
|  | poor written communication skills |  |  | | reversals in reading or writing |
|  | poor handwriting |  |  | | poor writing and spelling |
|  | slow in completing assignments |  |  | | trouble taking notes in content areas |
|  |  |  |  | | near or far point copying |
| Auditory Skills | |  | **Organizational/Study Skills** | | |
|  | poor at following directions |  |  | poor work habits | |
|  | reading and spelling problems |  |  | can’t get started or stay on task | |
|  | poor verbal skills |  |  | fails to complete assignments | |
|  | poor speech or articulation skills |  |  | short attention span | |
|  |  |  |  | | lacks motivation |
| **Social Skills** | |  |  | | distractible |
|  | trouble with relationships |  |  | | Unorganized |
|  | hyperactive |  |
|  | disruptive |  |
|  | uncooperative |  |
|  | discourteous |  |
|  | poor self-esteem |  |

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1. **Indicate those academic areas that you consider to be your child’s educational needs.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language Arts | |  | Reading | |
|  | poor expressive writing skills |  |  | poor phonics skills |
|  | poor grammar and sentence structure |  |  | poor decoding |
|  | poor capitalization and punctuation |  |  | poor comprehension, study skills |
|  | poor spelling skills |  |  | avoids reading magazines, books, etc |
| **Math** | |  | **History** | |
|  | does not know computation facts |  |  | has difficulty reading text and tests |
|  | does not apply math skills for time money, measurement |  |  | has difficulty understanding concepts |
|  | does not understand word problems |  |  | poor recall of facts or events |
|  | has difficulty with complex math processes |  |
| **Science** | |
|  | has difficulty reading text and tests |
|  | has difficulty understanding concepts |
|  | poor recall and application of content/skills taught other |

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

Parent/Guardian Signature Date