

# Parent Homework Sheet

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of current school evaluation: \_\_\_\_\_

**1. Read through the current school evaluation, then list all your child's needs on the left column of the chart below.**

Example: Evaluation page 4 says, "Teacher cannot understand written work. Occupational Therapist recommends helps with fine motor skills. Student has trouble writing class notes. Student also has trouble with transitions between classes..."

**2. Read through the IEP. Check to see if the IEP addresses the concerns and needs listed on the left. Record the service or support\* on the right column below.**

Example: "Student will receive occupational therapy (OT) to strengthen fine motor skills." "Student will receive a copy of lecture notes from teacher or designated peer."

**1. Student's concerns/needs**

**2. Are concerns/needs addressed IEP\*?**

Add page number or name of area the information is found.

Example: Teacher cannot understand written work. OT recommends help with fine motor skills (page 4)	Example: Will receive OT 2 times per week, 30 min. each (Goal 2 and Special Education and Related Services page 9)
Example: Trouble writing class notes	Example: Will receive a copy of lecture notes from teach or designated peer (adaptation page 10)
Example: Has trouble with transitions (page 4)	Example: No supports found

\*The identified needs can be addressed in IEP goals, objectives and adaptations.

