

# CHILD NEEDS ASSESSMENT WORKSHEET FOR IEP PARENTS

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Instructions:** Complete this assessment thoughtfully, considering your child's current abilities and challenges. Use specific examples and behaviors when possible. This information will help you advocate effectively during IEP meetings and ensure all needs are addressed.

## Section 1: Academic Needs Assessment

### Reading Skills

Current Reading Level: ☐ Below Grade Level ☐ At Grade Level ☐ Above Grade Level **Estimated Level:** \_\_\_\_\_

#### Areas of Strength:

- ☐ Phonemic awareness
- ☐ Phonics/decoding
- ☐ Sight word recognition
- ☐ Reading fluency
- ☐ Reading comprehension
- ☐ Vocabulary development
- ☐ Other: \_\_\_\_\_

#### Areas of Need:

- ☐ Letter/sound recognition
- ☐ Blending sounds
- ☐ Decoding unfamiliar words
- ☐ Reading speed/fluency
- ☐ Understanding what they read
- ☐ Remembering what they read
- ☐ Making inferences
- ☐ Following written directions
- ☐ Other: \_\_\_\_\_

#### Specific Examples of Reading Challenges:

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**What Helps Your Child with Reading:**

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**Writing Skills**

**Current Writing Level:** ☐ Below Grade Level ☐ At Grade Level ☐ Above Grade Level

**Areas of Strength:**

- ☐ Letter formation
- ☐ Spelling
- ☐ Grammar
- ☐ Organizing ideas
- ☐ Creative expression
- ☐ Editing/revising
- ☐ Other: \_\_\_\_\_

**Areas of Need:**

- ☐ Handwriting legibility
- ☐ Spelling accuracy
- ☐ Grammar and mechanics
- ☐ Sentence structure
- ☐ Paragraph organization
- ☐ Expressing ideas clearly
- ☐ Staying on topic
- ☐ Writing stamina
- ☐ Other: \_\_\_\_\_

**Specific Examples of Writing Challenges:**

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**What Helps Your Child with Writing:**

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**Mathematics Skills**

**Current Math Level:** ☐ Below Grade Level ☐ At Grade Level ☐ Above Grade Level

**Areas of Strength:**

- ☐ Number recognition
- ☐ Counting
- ☐ Basic operations (+, -, ×, ÷)
- ☐ Problem solving
- ☐ Mathematical reasoning
- ☐ Geometry concepts
- ☐ Measurement
- ☐ Other: \_\_\_\_\_

**Areas of Need:**

- ☐ Number sense
- ☐ Basic math facts
- ☐ Multi-step problems
- ☐ Word problems
- ☐ Mathematical vocabulary
- ☐ Following math procedures
- ☐ Showing work/explaining reasoning
- ☐ Time and money concepts
- ☐ Other: \_\_\_\_\_

**Specific Examples of Math Challenges:**

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**What Helps Your Child with Math:**

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## Science and Social Studies

### Areas of Strength:

- ☐ Curiosity and interest
- ☐ Hands-on learning
- ☐ Memorizing facts
- ☐ Making connections
- ☐ Following procedures
- ☐ Other: \_\_\_\_\_

### Areas of Need:

- ☐ Reading science/social studies texts
  - ☐ Understanding vocabulary
  - ☐ Following multi-step procedures
  - ☐ Organizing information
  - ☐ Research skills
  - ☐ Taking notes
  - ☐ Other: \_\_\_\_\_
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## Section 2: Communication Needs Assessment

### Expressive Language (Speaking)

#### Areas of Strength:

- ☐ Vocabulary use
- ☐ Sentence structure
- ☐ Storytelling
- ☐ Asking questions
- ☐ Expressing needs
- ☐ Social conversation
- ☐ Other: \_\_\_\_\_

#### Areas of Need:

- ☐ Limited vocabulary
- ☐ Difficulty finding words
- ☐ Incomplete sentences
- ☐ Grammar errors
- ☐ Organizing thoughts
- ☐ Speaking clearly
- ☐ Speaking loud enough
- ☐ Staying on topic
- ☐ Other: \_\_\_\_\_

### Receptive Language (Understanding)

#### Areas of Strength:

- ☐ Following simple directions
- ☐ Understanding questions
- ☐ Listening to stories
- ☐ Understanding conversations
- ☐ Following classroom routines
- ☐ Other: \_\_\_\_\_

**Areas of Need:**

- ☐ Following multi-step directions
- ☐ Understanding complex sentences
- ☐ Processing information quickly
- ☐ Understanding abstract concepts
- ☐ Listening in noisy environments
- ☐ Understanding nonverbal cues
- ☐ Other: \_\_\_\_\_

**Speech Clarity**

**Current Speech Clarity:** ☐ Always Clear ☐ Usually Clear ☐ Sometimes Unclear ☐ Often Unclear

**Specific Speech Concerns:**

- ☐ Difficulty with specific sounds: \_\_\_\_\_
- ☐ Stuttering or fluency issues
- ☐ Voice quality concerns
- ☐ Speaking too fast or slow
- ☐ Other: \_\_\_\_\_

**Who Has Difficulty Understanding Your Child:**

- ☐ No one
  - ☐ Unfamiliar adults
  - ☐ Peers
  - ☐ Teachers
  - ☐ Family members
  - ☐ Everyone
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## Section 3: Social-Emotional Needs Assessment

### Social Skills

#### Areas of Strength:

- ☐ Making friends
- ☐ Sharing and taking turns
- ☐ Playing cooperatively
- ☐ Showing empathy
- ☐ Resolving conflicts
- ☐ Following social rules
- ☐ Other: \_\_\_\_\_

#### Areas of Need:

- ☐ Initiating social interactions
- ☐ Maintaining friendships
- ☐ Reading social cues
- ☐ Understanding personal space
- ☐ Appropriate touch boundaries
- ☐ Group participation
- ☐ Handling teasing/bullying
- ☐ Asking for help appropriately
- ☐ Other: \_\_\_\_\_

#### Specific Social Challenges:

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### Emotional Regulation

#### Areas of Strength:

- ☐ Expressing feelings appropriately
- ☐ Calming down independently
- ☐ Handling disappointment
- ☐ Dealing with change
- ☐ Managing frustration
- ☐ Other: \_\_\_\_\_

**Areas of Need:**

- ☐ Frequent meltdowns/tantrums
- ☐ Difficulty with transitions
- ☐ Extreme reactions to minor events
- ☐ Anxiety about new situations
- ☐ Difficulty identifying feelings
- ☐ Withdrawal from activities
- ☐ Aggressive behaviors
- ☐ Self-injurious behaviors
- ☐ Other: \_\_\_\_\_

**Triggers for Emotional Difficulties:**


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**What Helps Your Child Calm Down:**


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**Behavioral Concerns****Current Behavioral Challenges:**

- ☐ Difficulty following rules
- ☐ Impulsive actions
- ☐ Defiant behavior
- ☐ Attention-seeking behaviors
- ☐ Repetitive behaviors
- ☐ Difficulty sitting still
- ☐ Running away/elopeing
- ☐ Destroying property
- ☐ Other: \_\_\_\_\_

**Frequency of Behavioral Issues:**

- ☐ Rarely (less than once per week)
- ☐ Sometimes (1-3 times per week)
- ☐ Often (daily)
- ☐ Very frequently (multiple times daily)



**Most Challenging Times of Day:**

- ☐ Morning routine
  - ☐ During instruction
  - ☐ Transitions between activities
  - ☐ Lunch/recess
  - ☐ End of day
  - ☐ Homework time
  - ☐ Other: \_\_\_\_\_
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## Section 4: Executive Functioning Needs

### Organization Skills

#### Areas of Strength:

- ☐ Keeping track of belongings
- ☐ Maintaining workspace
- ☐ Following routines
- ☐ Using organizational tools
- ☐ Other: \_\_\_\_\_

#### Areas of Need:

- ☐ Losing/forgetting materials
- ☐ Messy workspace
- ☐ Difficulty finding things
- ☐ Forgetting assignments
- ☐ Poor time management
- ☐ Difficulty prioritizing tasks
- ☐ Other: \_\_\_\_\_

### Planning and Problem-Solving

#### Areas of Strength:

- ☐ Breaking tasks into steps
- ☐ Thinking ahead
- ☐ Solving problems independently
- ☐ Learning from mistakes
- ☐ Other: \_\_\_\_\_

#### Areas of Need:

- ☐ Difficulty getting started on tasks
- ☐ Not knowing how to approach problems
- ☐ Giving up easily
- ☐ Making the same mistakes repeatedly
- ☐ Poor judgment in decision-making
- ☐ Other: \_\_\_\_\_

## Attention and Focus

### Attention Strengths:

- ☐ Sustained focus on preferred activities
- ☐ Good listening skills
- ☐ Follows directions well
- ☐ Notices important details
- ☐ Other: \_\_\_\_\_

### Attention Challenges:

- ☐ Short attention span
- ☐ Easily distracted by sounds
- ☐ Easily distracted by visual stimuli
- ☐ Difficulty shifting attention
- ☐ Hyperfocus on certain topics
- ☐ Difficulty with boring tasks
- ☐ Other: \_\_\_\_\_

### Average Attention Span:

- Preferred activities: \_\_\_\_\_ minutes
  - Non-preferred activities: \_\_\_\_\_ minutes
  - Instructional activities: \_\_\_\_\_ minutes
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## Section 5: Physical and Motor Needs

### Gross Motor Skills

#### Areas of Strength:

- ☐ Running and jumping
- ☐ Climbing
- ☐ Balance and coordination
- ☐ Ball skills
- ☐ Playground activities
- ☐ Other: \_\_\_\_\_

#### Areas of Need:

- ☐ Poor balance
- ☐ Difficulty with coordination
- ☐ Weakness or low muscle tone
- ☐ Trouble with stairs
- ☐ Difficulty with sports/PE
- ☐ Fatigue easily
- ☐ Other: \_\_\_\_\_

### Fine Motor Skills

#### Areas of Strength:

- ☐ Drawing and coloring
- ☐ Using scissors
- ☐ Manipulating small objects
- ☐ Self-care tasks (buttons, zippers)
- ☐ Using utensils
- ☐ Other: \_\_\_\_\_

#### Areas of Need:

- ☐ Poor pencil grip
- ☐ Difficulty with handwriting
- ☐ Trouble using scissors
- ☐ Difficulty with buttons/zippers
- ☐ Poor hand strength

- ☐ Difficulty with precise movements
- ☐ Other: \_\_\_\_\_

### **Sensory Processing**

#### **Sensory Strengths:**

- ☐ Appropriate responses to touch
- ☐ Good body awareness
- ☐ Comfortable with movement
- ☐ Appropriate responses to sounds
- ☐ Other: \_\_\_\_\_

#### **Sensory Challenges:**

- ☐ Over-responsive to touch
  - ☐ Under-responsive to touch
  - ☐ Sensitive to certain textures
  - ☐ Sensitive to sounds
  - ☐ Sensitive to light
  - ☐ Seeks excessive movement
  - ☐ Avoids movement activities
  - ☐ Poor body awareness
  - ☐ Other: \_\_\_\_\_
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## Section 6: Daily Living and Independence Skills

### Self-Care Skills

#### Current Independence Level:

- Toileting: ☐ Independent ☐ Needs Reminders ☐ Needs Assistance ☐ Dependent
- Eating: ☐ Independent ☐ Needs Reminders ☐ Needs Assistance ☐ Dependent
- Dressing: ☐ Independent ☐ Needs Reminders ☐ Needs Assistance ☐ Dependent
- Hygiene: ☐ Independent ☐ Needs Reminders ☐ Needs Assistance ☐ Dependent

#### Specific Self-Care Concerns:

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### School Readiness Skills

#### Areas of Strength:

- ☐ Following classroom routines
- ☐ Sitting appropriately
- ☐ Raising hand/waiting turn
- ☐ Working independently
- ☐ Transitioning between activities
- ☐ Other: \_\_\_\_\_

#### Areas of Need:

- ☐ Difficulty following routines
- ☐ Can't sit still for required time
- ☐ Interrupts frequently
- ☐ Needs constant supervision
- ☐ Difficulty with transitions
- ☐ Doesn't follow group directions
- ☐ Other: \_\_\_\_\_

### Safety Awareness

#### Safety Strengths:

- ☐ Understands basic safety rules
- ☐ Recognizes dangerous situations
- ☐ Asks for help when needed

- ☐ Stays with adults in public
- ☐ Other: \_\_\_\_\_

**Safety Concerns:**

- ☐ Runs away or elopes
  - ☐ No awareness of dangers
  - ☐ Doesn't understand stranger danger
  - ☐ Puts inappropriate items in mouth
  - ☐ Climbs dangerously
  - ☐ Other: \_\_\_\_\_
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## Section 7: Learning Characteristics

### Learning Strengths

#### How Your Child Learns Best:

- ☐ Visual learner (seeing information)
- ☐ Auditory learner (hearing information)
- ☐ Kinesthetic learner (hands-on activities)
- ☐ Learns best with technology
- ☐ Learns best with repetition
- ☐ Learns best with real-life examples
- ☐ Other: \_\_\_\_\_

#### Motivators and Interests:

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#### Preferred Activities:

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### Learning Challenges

#### Barriers to Learning:

- ☐ Difficulty processing information
- ☐ Memory problems
- ☐ Difficulty generalizing skills
- ☐ Slow processing speed
- ☐ Difficulty with abstract concepts
- ☐ Needs frequent breaks
- ☐ Other: \_\_\_\_\_

#### Least Preferred Activities:

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### Memory and Processing

#### Memory Strengths:

- ☐ Good visual memory
- ☐ Good auditory memory



- ☐ Remembers routines well
- ☐ Good long-term memory
- ☐ Other: \_\_\_\_\_

**Memory Challenges:**

- ☐ Difficulty remembering instructions
  - ☐ Forgets information quickly
  - ☐ Difficulty with sequential information
  - ☐ Trouble remembering multiple steps
  - ☐ Other: \_\_\_\_\_
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## Section 8: Environmental Needs

### Optimal Learning Environment

#### Physical Environment Needs:

- ☐ Quiet space
- ☐ Minimal visual distractions
- ☐ Good lighting
- ☐ Comfortable temperature
- ☐ Flexible seating options
- ☐ Access to movement breaks
- ☐ Other: \_\_\_\_\_

#### Instructional Environment Needs:

- ☐ Small group instruction
- ☐ One-on-one support
- ☐ Structured routine
- ☐ Clear expectations
- ☐ Frequent feedback
- ☐ Visual supports
- ☐ Technology integration
- ☐ Other: \_\_\_\_\_

### Problematic Environmental Factors

#### Environmental Challenges:

- ☐ Noisy environments
  - ☐ Crowded spaces
  - ☐ Bright lights
  - ☐ Strong smells
  - ☐ Unexpected changes
  - ☐ Large group activities
  - ☐ Other: \_\_\_\_\_
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## Section 9: Family and Cultural Considerations

### Family Priorities

#### Most Important Goals for Your Child:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### Cultural or Religious Considerations:

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#### Family Strengths and Resources:

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### Home Environment

#### Home Learning Supports:

- ☐ Quiet study space
- ☐ Educational materials
- ☐ Technology access
- ☐ Regular homework routine
- ☐ Parental support available
- ☐ Other: \_\_\_\_\_

#### Home Challenges:

- ☐ Limited space
- ☐ Distracting environment
- ☐ Limited resources
- ☐ Multiple children competing for attention
- ☐ Work schedules limit support
- ☐ Other: \_\_\_\_\_

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## Section 10: Support System Assessment

### Current Support Services

#### Services Currently Receiving:

- ☐ Special education services
- ☐ Speech therapy
- ☐ Occupational therapy
- ☐ Physical therapy
- ☐ Counseling/therapy
- ☐ Medical management
- ☐ Other: \_\_\_\_\_

#### Outside Professionals Working with Your Child:

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### Needed Support Services

#### Services You Think Your Child Needs:

- ☐ Academic support
- ☐ Behavioral support
- ☐ Speech/language therapy
- ☐ Occupational therapy
- ☐ Physical therapy
- ☐ Counseling services
- ☐ Assistive technology
- ☐ Transportation
- ☐ Other: \_\_\_\_\_

#### Specific Accommodations Needed:

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## Section 11: Future Planning

### Short-Term Goals (This School Year)

#### Academic Goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### Functional Goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Long-Term Vision

Where do you see your child in 5 years?

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What skills does your child need for future success?

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#### Post-Secondary Goals (if applicable):

- ☐ College/university
- ☐ Community college
- ☐ Vocational training
- ☐ Supported employment
- ☐ Independent living
- ☐ Other: \_\_\_\_\_

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## Section 12: Additional Information

### Medical/Health Information

#### Current Medical Diagnoses:

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#### Medications Affecting Learning:

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#### Health Concerns Impacting School:

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### Previous Evaluations

#### Evaluations Completed:

- ☐ Psychological evaluation (Date: \_\_\_\_\_)
- ☐ Educational evaluation (Date: \_\_\_\_\_)
- ☐ Speech/language evaluation (Date: \_\_\_\_\_)
- ☐ Occupational therapy evaluation (Date: \_\_\_\_\_)
- ☐ Physical therapy evaluation (Date: \_\_\_\_\_)
- ☐ Medical evaluation (Date: \_\_\_\_\_)
- ☐ Other: \_\_\_\_\_

## Questions and Concerns

### Top 3 Questions for the IEP Team:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Biggest Concerns About Your Child's Education:

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### Additional Comments:

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## Completion Checklist

Before your IEP meeting, ensure you have:

- ☐ Completed all relevant sections of this assessment
- ☐ Gathered work samples and examples
- ☐ Collected recent evaluation reports
- ☐ Identified your top priorities
- ☐ Prepared specific questions for the team
- ☐ Made copies of this assessment for team members

**Date Completed:** \_\_\_\_\_ **Completed By:** \_\_\_\_\_

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### Instructions for Use:

1. Complete this assessment over several days to ensure thoroughness
2. Consult with family members, caregivers, and outside providers
3. Bring this completed assessment to your IEP meeting
4. Use this information to advocate for appropriate goals and services
5. Update this assessment annually or when your child's needs change

**Remember:** You are the expert on your child. This assessment captures your unique insights and observations that are essential for developing an effective IEP.