**TEACHER’S IEP INPUT SURVEY**

**Input for Annual IEP Meeting for Physical Education**

The following questionnaire is being sent to you to ensure Physical Educator’s input in the development of the *Present Levels of Academic Achievement and Functional Performance* in the student’s IEP. Please complete and return prior to the upcoming annual IEP meeting scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Return to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give responses to the following items:

1. How does the child participate in class instructions (stays on task, answers or responses in class, etc.)?
2. How does he/she interact or get along with peers/teachers?
3. What are some areas or activities that he/she needs to improve on in your class or did not successfully complete?
4. What were some activities that he/she completed successfully in your class or at school?
5. Did you provide any modifications or accommodations, if so, what?
6. Do you think he/she can progress in additional Physical Education classes?
	1. If so, what modifications or accommodations would you recommend?
	2. What goals do you believe the student should work on?