

Parent Input for ARD

Please return completed form to:
_____ By _____

Directions: We desire and value your input and attendance for your scholar's upcoming ARD meeting. Your input will assist with the development of an appropriate educational plan for your scholar. Please complete the form. You can return it via email or at the ARD meeting.

Date of Input: _____ Proposed ARD Date: _____ Campus: _____

Student Name: _____ ID#: _____ Grade: _____

What are your scholar's greatest strengths? (not limited to academics)	What are your scholar's interest and hobbies?
What do you believe to be your scholar's challenging academic area(s)?	What do you believe to be your scholar's strong academic area(s)?
What questions, comments and/or concerns do you have at this time?	

This form was completed by: _____ Date: _____

Relationship to the Scholart: _____

Phone: _____ Email: _____