

**IEP STUDENT PLANNING FORM**  
Department of Special Education  
Lincoln Public Schools

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**COMPLETE THESE SENTENCES**

1. At school, I am best at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. At school, I need help with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. At school, I most would like to learn: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. My favorite classes are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. My favorite activities or hobbies are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK OR WRITE IN THE BEST ANSWER**

6. The size of group best for me to work and learn in is:     Small     Medium     Large

7. I do best on tests that are:     Written     Read Aloud     Taped

8. Things that help me learn are:     Someone Taking Notes     Tutoring     Computer     Extra Time  
 Other: \_\_\_\_\_

9. I work best:     By Myself     With Others