

INCLUSION INVENTORY

Student's Name:

Caregiver/Parent Name/s:

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This form will help us collaborate more effectively and get on the same page about goals and a vision for your child's inclusive experience. If possible, fill out the form with your child. Feel free to leave some areas blank or send me a question about the prompts if you are not sure how to answer.

Our inclusion-related goals are:



Our favorite inclusion-related quote is...



To us, inclusion means...



Our #1 inclusion-related goal is...



To us, collaboration means...



We are a little nervous about...



Our inclusion dream is...



An inclusive IEP meeting means...



QUESTIONS



RANDOM STUFF



Any educator can use this form to connect with families and start a discussion about a student's schooling history and inclusion-related practices and mindsets.

..... Paula Kluth, Ph.D./inclusionrules.com

