

1.C Section 504

Parent Input

Student Name:	DOB	Date
School	Grade:	
Father's Name	Mother's Name	

Who has legal authority to make educational decisions for this child?

With whom does this student live?

Please answer any questions that you think might be helpful to the 504 Team.

What are some of your child's strengths?

What does your child do when not in school?

Please describe your child's behavior at home?

Do you feel your child is experiencing problems in school?

When were you first aware of this problem?

What do you think is causing the problem?

What methods of discipline are used with your child at home?

What is your child's reaction to discipline?

Has your child mentioned any problems with school? If so, how does he/she feel about the problem?

Health History

Please describe any serious illnesses, accidents, or hospitalizations.

Is your child receiving service(s) from another agency?

Is your child currently taking medications? Yes No If so, please list. Are there any known side effects from the medication?

Does your student have a health care plan? Yes No

Please tell us anything else that you think would be helpful in planning for your child's success at school.

Copies: Parent
Student Cum file
District Office: Student Services