

Section 504 Meeting Parent Input

Student's Name: _____

Parent's Name: _____

Please identify anyone else who helped provide information in completing this form: _____

Please answer the questions below to provide additional information about your child to the 504 Team.

What are some of your child's strengths? _____

What does your child struggle with? _____

What activities does your child enjoy when he/she is not in school? _____

Please describe your child's behavior at home. _____

Have there been any significant changes within the family during the last 3 years? _____

Do you feel your child is experiencing problems in school? If yes, please describe those problems. _____

When were you first aware of this problem? _____

What do you think is causing the problem? _____

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

Do you use any strategies at home to address the same or similar problems that your child faces at school? If so, how does he/she react to those strategies? _____

Health History

Please describe any serious illnesses, accidents, or hospitalizations. _____

Does your child appear to have any physical health problems, including allergies? _____

Is your child receiving service(s) from another agency? If so, please identify the agency and describe the services. _____

Is your child currently under the care of a medical professional? If so, please list. _____

Is your child currently taking medications? If so, please list. _____

Are there any known side effects from the medication? If so, please list. ____

Please tell us anything else that you think would be helpful in planning for your child's success at school, regardless of whether he/she ultimately qualifies for services under Section 504. _____