

Section 504 Parent/Guardian Input

Student Name: _____ Date: _____
 Student ID: _____ Grade: _____ Date of Birth: _____
 School: _____
 Parent/Guardian Name: _____ Primary language spoken in the home: _____

I. Contact Information

Primary Contact

Name: _____
 Relationship: _____
 Phone: _____
 E-mail: _____

Additional Contact

Name: _____
 Relationship: _____
 Phone: _____
 E-mail: _____

Additional Contact

Name: _____
 Relationship: _____
 Phone: _____
 E-mail: _____

Additional Contact

Name: _____
 Relationship: _____
 Phone: _____
 E-mail: _____

With whom does the student live? _____

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

Other children in the home:

| Name: | Age: | Relationship: |
|-------|-------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other adults in the home:

| Name: | Relationship: |
|-------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

II. Family history

Yes No Has anyone in the family struggled with mathematics, reading, or writing? If so, how was the individual related to the child and what was the difficulty?

Yes No Has anyone in your family ever been diagnosed as learning disabled? If so, what is the diagnosis and what is the relationship to your child?

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Yes No Has anyone in the family ever been diagnosed with Attention Deficit Hyperactivity Disorder? If so, how was the individual related to the child?

Yes No Have there been any important changes within the family during the last three years (for example, job changes, moves, divorce or separation, births, deaths, illnesses, etc.) If so, please describe.

III. The student at home

What does your child do when not in school? (Please list the student's common indoor and outdoor activities)

How does your child interact with friends? Is he/she more or less social than the typical child of the same age?

Please describe your child's behavior at home (for example, is he/she generally well behaved? Does he/she get along with family members, neighbors, peers?)

What are some of your child's strengths?

IV. Medical and developmental history

Doctor's reports, letters and diagnosis can help the Section 504 committee have a more complete picture of your child. If necessary, the district or school may request written consent from you to obtain information directly from your healthcare provider.

Describe any problems associated with your child's birth:

Compared to other children in the family, the child's development was:

Slower About the same Faster

Yes No Is your child currently under the care of a healthcare provider for a medical problem? If so, describe the problem:

Yes No Is your child currently taking any medications (either prescription or over the counter)?

| Name of medication | Healthcare provider prescribing | How long has your child been taking it? | Dosage / Frequency | Side effects |
|--------------------|---------------------------------|---|--------------------|--------------|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

Yes No Does your child have asthma? If so how is it treated?

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Yes No Does your child have allergies? If yes, to what: _____
 How frequently are reactions? _____
 What are symptoms of reaction? _____
 How are reactions treated? _____
 When was last reaction? _____

Yes No Has your child ever been critically or chronically ill or hospitalized? If yes, explain

Yes No Does your child have a condition or illness with symptoms that are sometimes more serious than other times? If so, what is the name of the condition or illness?

When and how often is the condition or illness a problem for your child?

How does the condition or illness affect your child when the symptoms are most serious (are there things that he/she cannot do or are more difficult because of the condition or illness)?

Yes No Has your child recovered from a serious medical condition or illness (such as cancer)? If so what was the condition or illness?

When did your child suffer from this condition or illness? _____

How did the condition or illness affect your child when the symptoms where most serious?

Yes No Is the condition or illness likely to return? _____

Yes No Has your child repeated any grades? If so, which grade(s)? _____

Yes No Has your child ever been diagnosed with a learning disability? If so, what kind and when?

Yes No Has your child mentioned problems in school? If yes, what?

Yes No Has your child ever experienced a seizure?
 How frequently do seizures occur? _____

What is/was the duration of the seizure(s)? _____

What assistance is needed if your child experience a seizure?

V. Behavior Checklist

Please rate the extent that your child exhibits the following characteristics:

N - never, almost never; **S** - sometimes; **F** - frequently; **A** - almost always

| | | | | |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Shows good verbal ability? (good conversationalist, storyteller, etc.) | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Understands things read or told to him/her? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |

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| | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Asks you to repeat words or sentences? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Displays poor reading skills? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Fails to understand what he/she reads? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Has poor spelling? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Has trouble with mathematics? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Has difficulty completing tasks? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Has a poor memory? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Has poor handwriting skills? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Show poor organization skills? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Daydreams? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Has a short attention span? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Acts impulsively? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Is considered overactive? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Has trouble following directions? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Acts in an immature manner? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Fails to get along with his/her peers? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Is oppositional with parents/other adults? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Fails to consider the consequences of behavior? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Exhibits excessive moodiness or anger? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Appears hypersensitive? (feelings are hurt easily) | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Is upset when routine is changed? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Appears sensitive to others' feelings? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |
| Says he/she does not like school? | <input type="checkbox"/> N | <input type="checkbox"/> S | <input type="checkbox"/> F | <input type="checkbox"/> A |

If your child is eligible under Section 504, what services or accommodations do you think are necessary so that your child can participate and benefit from school?