

SECTION 504 PARENT/GUARDIAN INPUT

Student: _____ Campus: _____ Date: _____

Student ID: _____ Grade: ____ Date of Birth: _____

The information requested will assist the §504 Committee in the evaluation of your child. If you have additional information which you want the committee to consider, such as private evaluations, please feel free to attach additional pages. Disregard any question that makes you uncomfortable. If you would prefer to provide this information by phone, please contact _____ at _____

Information furnished by: _____
(Name)

Relationship to student: _____

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 home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other adults in the home:

Name:	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Primary language spoken at home: _____

Are there other languages spoken in home and by whom?

II. FAMILY HISTORY

YES NO Has anyone in the family had a problem with math, reading, or writing? If so, who 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?

YES NO Has anyone in your family ever been diagnosed with Attention Deficit Hyperactivity Disorder? If so, what is the relationship to your 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) _____

Does your child appear to have friends? Is he 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? 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 diagnoses can help the §504 Committee have a more complete picture of your child. If necessary, the district may request written consent from you to obtain information directly from your physician.

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 physician for a medical problem? If so, describe the problem: _____

YES NO Is your child currently taking any medications (either prescription or over the counter)? If so, please indicate which ones and frequency:

Name of medication	Physician prescribing	How long has your child been taking it?	Dosage/ Frequency	Side effects

YES NO Does your child have asthma? If so how is it treated? _____

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 at 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 or she cannot do or are more difficult because of the condition or illness)? _____

YES NO Does your child have a serious medical condition or illness (such as cancer) that has gone away? 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 were most serious? _____

Is the condition or illness likely to return? _____

YES NO Has your child ever been retained, and 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 Does your child have ADD/ADHD? If yes, is he or she taking medication, and if so, which one, what dosage and when? _____

Has your child mentioned problems in school? If yes, what? _____

Do you think that your child has a problem? If yes, what? _____

V. Behavior checklist

Please rate the extent that your child exhibits the following characteristics (circle your answer): N - never, almost never; S - sometimes; F - frequently; A - almost always	
Show good verbal ability? (good conversationalist, storyteller, etc.)	N S F A
Understand things read or told to him/her?	N S F A
Ask you to repeat words or sentences?	N S F A
Display poor reading skills?	N S F A
Fail to understand what he/she reads?	N S F A
Spell poorly?	N S F A
Have trouble with math?	N S F A
Have difficulty with subtraction, multiplication?	N S F A
Have a poor memory?	N S F A
Have poor handwriting skills?	N S F A
Show poor organization skills?	N S F A
Daydream?	N S F A
Have a short attention span?	N S F A
Act impulsively?	N S F A
Do you consider him/her to be overactive?	N S F A
Does he/she have trouble following directions?	N S F A
Act in an immature manner?	N S F A
Fail to get along with his/her peers?	N S F A
Act oppositionally with parents/other adults?	N S F A
Does he/she fail to consider the consequences of behavior?	N S F A
Exhibit excessive moodiness or anger?	N S F A
Appear hypersensitive? (gets feelings hurt easily)	N S F A
Get upset when routine is changed?	N S F A
Appear sensitive to others' feelings? (reflects others' sorrow, gaiety, anxiety)	N S F A
Say he/she does not like school?	N S F A

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

Please use the space below and on the back to include any additional information, which you believe will help us to make a determination concerning your child.