



## Section 504 Parent/Guardian Input

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The information requested will assist the Section 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 the student: \_\_\_\_\_

### I. CONTACT INFORMATION:

#### Primary Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

#### Additional Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

#### Additional Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

#### Additional Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

With whom does the student live? \_\_\_\_\_

Who has legal authority to make educational decision 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 the 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.

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**III. THE STUDENT AT HOME**

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

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Does your child appear to have friends? Is he more or less social than a typical child of the same age?

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Please describe your child's behavior at home (for example, is he/she generally well behaved? Gets along with family member, neighbors, peers?) \_\_\_\_\_

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What are some of your child's strengths? \_\_\_\_\_

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**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. \_\_\_\_\_

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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 sometime 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 can not 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/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

Shows good verbal ability? (good conversationalist, story teller, etc.)	<b>N</b>	<b>S</b>	<b>F</b>	<b>A</b>
Understands things read or told to him/her?	<b>N</b>	<b>S</b>	<b>F</b>	<b>A</b>
Asks you to repeat words or sentences?	<b>N</b>	<b>S</b>	<b>F</b>	<b>A</b>
Displays poor reading skills?	<b>N</b>	<b>S</b>	<b>F</b>	<b>A</b>
Fails to understand what he/she reads?	<b>N</b>	<b>S</b>	<b>F</b>	<b>A</b>
Spells poorly?	<b>N</b>	<b>S</b>	<b>F</b>	<b>A</b>
Has trouble with math?	<b>N</b>	<b>S</b>	<b>F</b>	<b>A</b>
Has difficulty with subtraction, multiplication?	<b>N</b>	<b>S</b>	<b>F</b>	<b>A</b>
Has a poor memory?	<b>N</b>	<b>S</b>	<b>F</b>	<b>A</b>
Has poor handwriting skills?	<b>N</b>	<b>S</b>	<b>F</b>	<b>A</b>
Shows poor organization skills?	<b>N</b>	<b>S</b>	<b>F</b>	<b>A</b>

Daydreams?	N S F A
Has a short attention span?	N S F A
Acts 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
Acts in an immature manner?	N S F A
Fails to get along with his/her peers?	N S F A
Acts oppositional with parents/other adults?	N S F A
Does he/she fail to consider the consequences of behavior?	N S F A
Exhibits excessive moodiness or anger?	N S F A
Appears hypersensitive? (gets feelings hurt easily)	N S F A
Gets upset when routine is changed?	N S F A
Appears sensitive to others' feelings? (reflects others' sorrow, gaiety, anxiety)	N S F A
Says he/she does not like school?	N S F A

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

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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.