

Section 504 Meeting Parent Input

Student: _____ 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?

Please describe your child's behavior at home

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

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 time does your child go to bed at night?

Does your child usually eat breakfast?

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.

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

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

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

Are there any known side effects from the medication?

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