



Section 504 PARENT INPUT



Student Name:

Date of Birth:

Date:

Parent/Legal Guardian:

Date Form Returned:

School:

Parent input is essential in the development of your child's 504 eligibility and 504 Plan. Please take a few minutes to complete this form and return it as soon as possible to the 504 Coordinator at your child's school:

1. Medical Diagnosis for Section 504 Impairment(s): Please attach any medical documentation, psychological evaluations or other information that you would like the 504 team to consider and which you believe supports the student having a physical or mental impairment substantially limiting one or more major life functions.
2. When and how often is the medical impairment a challenge for your child?
3. Please list all current medications and describe any side effects your child experiences from these medications.
4. Please provide a brief profile about your child (personality traits, strengths, challenges, etc.).
5. Describe how the medical impairment impacts your child's learning/academic progress in school.
6. Has your child talked with you about challenges at school? Please explain.
7. What school experiences are not accessible for your child as a direct result of the medical impairment?
8. Have there been any significant family changes during the last three years (ie. new addition to family, a death, an illness, separation/divorce)?
9. List any services your child receives or has previously received from other agencies (ie. counseling, Occupational Therapy, Physical Therapy)?
10. Please include any additional information that would be helpful in planning for your child's success at school.