Parent Input for Section 504 Evaluation

The information requested will greatly assist the §504 Committee in evaluation of your child. If you have additional information that you want the Committee to consider (and that is not requested here) please feel free to attach additional pages. Please disregard any question that makes you uncomfortable. If you would prefer to provide this information by phone, please contact _____ at _____.

Student Name:	Date of Birth:
Address:	Phone:
School:	Grade:

General Information							
Mother's Name:							
Occupation:				Level of Education:			
Father's Name							
Occupation:				Level of Education:			
With whom does the child live?				Relationship to child:			
Other Children in the Home (attach additional page if necessary)							
Name		Age		Relationship			
Other Adults in the student's Home		Relationship to student					
Do any family members have learning problems? If yes, please explain							
Compared to other children in the family, this child's development was: (check one)							
Slower		About the same		Faster			
At what age, in months, was the student able to do the following:							
Sat without support		Crawled		Walked without support			
Used spoon fairly well		First word		Reasonably well-toilet trained			

The Student's Friends & Activities							
Does the student prefer to play/socialize with	Girls		Boys		No preference		
Does the student have friends his/her own age?					Yes		No
Does the student have friends who are younger than the student?					Yes		No
Does the student have friends who are older than the student?					Yes		No

The Student at Home							
Please check each item available for the student's use at home:							
Computer		Books		Tape recorder		CD player	
Video games		Television		Educational toys		Radio	

What kinds of activities does your family do together? (Read, play games, camp, etc.)
Have there been any important changes within the family during the last three years (For example, job changes, moves, births, deaths, serious illnesses, separations, divorce)
With whom in the family is the student particularly close?
Has the student ever been separated from the family due to family problem, health reasons, etc? If yes, please explain. How did the student react to the separation?
Describe the student's behavior at home with peers, siblings, neighbors, and parents. For example, is the student generally well-behaved? Social? Affectionate? Withdrawn?
What methods of discipline are used with this student at home? For example, spanking, extra chores, early bedtimes, taking away of privileges; is he/she given rewards for good behavior?
How does the student react to discipline?
Who usually disciplines the student at home?
The primary language in the home is:
How long has the student lived in the United States?
What time does the student go to bed at night? Does the student eat breakfast?
What does the student do when not in school? (Please list the student's common indoor and outdoor activities.)
Does your student have a part-time job after school or on weekends? If yes, please provide the average number of hours worked per week.

The Student at School				
Do you think your student is having difficulties at school?	Yes		No	
Have you discussed these difficulties with your student?	Yes		No	
What type of difficulties is your student experiencing?				

What do you think is causing the student's difficulties at school? When did you first notice the difficulties?
If you have discussed these concerns with the school, please indicate when and with whom you shared your concerns:
If your student qualifies for Section 504, what services or accommodations do you think are necessary so that the student can participate and benefit from school?

Childhood & Medical History				
Has your student ever had the following?	Never	Began at age?	Ended at age?	Still has problem
Frequent fevers				
Frequent earaches				
Frequent vomiting				
Thumb sucking				
Nightmares				
Sleepwalking				
Head banging				
Rocking of body				
Teeth grinding				
Bedwetting				
Fingernail biting				
Temper tantrums				
Run away from home				
Breathing Issues				
Lost consciousness				
Convulsions				

Current Medical Treatment & Medication
Doctor's reports, letters and diagnoses can be very helpful to the 504 Committee. Please attach the student's medical records so that the Committee can have a more complete picture of your child. If you would prefer, you may give the District written consent to seek those records from your doctors directly. Please notify (504 Coordinator) at to get the necessary form.
Please identify any medical problem for which your student is currently receiving medical care:
Does your student appear to have any other physical health problems for which the student is not currently receiving medical care?
Please list all medications currently taken by your student (over the counter and prescription).
Please describe any side effects the student experiences from these medications. Please identify any medication(s) taken by your student for over 1 year:
Please describe any hospital stays by your student, including the date, reason for the stay, the duration, and the result of treatment.

What precautions do you take at home, in the community, on vacation or when your student is with friends or others to address his/her medical condition or illness?

Does your child have a medical condition or illness with symptoms that are sometimes more serious than other times? If yes, please answer the following questions:

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 cannot do or things that are more difficult because of the condition or illness?)

Did your child used to have a serious medical condition or illness that has gone away? If yes, please answer the following questions:

What is the name of the condition or illness that your child used to have?

When did your child suffer from the condition or illness?

How did the condition or illness affect your child when the symptoms were most serious? (Were there things that he could not do or things that were more difficult because of the condition or illness?)

Is the condition or illness likely to return?

Is there any other information about your student or family that you would like the Section 504 Committee to consider when evaluating your student for Section 504 eligibility? If so, please provide it here.

_____

Signature of Parent Date

_____

Signature and Position of person assisting (if any) Date