District Letter Head

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| **Parent Input - Section 504** |

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| **Student Information** | | |
| **Student Name:** | | **Date:** |
| **Date of Birth:** | **District ID:** | **Grade:** |
| **Attending District:** | **Attending School:** | |
| **504 Case Manager:** | **Case Manager Contact:** | |

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| **Medical Information:** | | | | |
| Does your child currently take any medication on a regular basis? | | YES NO If Yes, list the following: | | |
| Name of Medication | Purpose of Medication | Dosage | Frequency | |
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| **Does your child have any medical conditions***? (including mental health conditions and previous medical or mental health conditions)* | | YES NO If Yes, list below: | | |
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| **Home Environment: study habits, behavior, discipline, social interactions** | | | |
| Does your child complete homework? *(e.g., only completes with help, gets easily frustrated, takes a long time, etc.) explain below:* | | | |
| Does your child read independently? YES NO | | | |
| Does your child have a pattern of behavior problems at home? Explain below: | | | |
| What discipline is used with your child? | | | |
| What kind of social interaction does your child have with adults and/or peers of their age? | | | |
| What accommodations to provide equal access to educational benefit would you like the 504 team to consider for your child? | | | |
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| **Other factors the 504 team should consider:** | | | |
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| Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **Please return to:** | | |
| Name: | Title: | Phone: |
| Email: | | Fax: |
| School/District: | | |