

Section 504 Meeting Parent/Guardian Input

Student: _____ Date: _____

School: _____ Grade: _____

Parent/Guardian #1: _____

Parent/Guardian #2: _____

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? _____

What does your child do when not in school? _____

Please describe your child's behavior at home? _____

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

Do you have any concerns regarding your child's experience at school? _____

When were you first aware of this concern? _____

What do you think is causing the concern? _____

What time does your child go to bed at night? _____

Does your child usually eat breakfast? _____

What is the best redirection strategy that your child responds to? _____

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. _____
