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:  |