**Enter LEA Name Here**

**Section 504 Evaluation: Parent Input**

*(Information about the student, to be considered when determining whether the student is eligible under Section 504 and, if eligible, what accommodations, related aids, or services the student needs.)*

|  |  | **Date:** | Enter date |
| --- | --- | --- | --- |
| **Student:** | Enter name |  |  |
| **School:** | Enter name of school | **SSID:** | Enter SSID |
| **Grade:** | Enter grade | **DOB:** | Enter DOB |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent / Guardian:** | Enter name | **Home / Cell:** | Enter phone number |
| **Address:** | Enter mailing address | **Work:** | Enter phone number |
| **Email:** | Enter email address |  |  |

**The district would like to learn more about your child and their experiences to see if they might need extra help at school.**

1. What are your child’s strengths?

|  |
| --- |
| Enter text |

1. What motivates your child?

|  |
| --- |
| Enter text |

1. Describe any difficulties your child may be experiencing at school (including your child’s academics, behavior, social interactions, or health):

|  |
| --- |
| Enter text |

1. When did you first notice that your child was having difficulties at school?

|  |
| --- |
| Enter text |

1. What do you think is causing your child’s difficulties at school?

|  |
| --- |
| Enter text |

1. Has your child talked to you about their difficulties at school? If yes, describe:

|  |
| --- |
| Enter text |

1. Describe the type(s) and amount of assistance your child needs outside of school to complete their school work as compared to other students of the same age/grade:

|  |
| --- |
| Enter text |

1. Describe your child’s friendships:

|  |
| --- |
| Enter text |

1. What rewards or consequences are effective with your child?

|  |
| --- |
| Enter text |

1. What rewards or consequences are *not* effective with your child?

|  |
| --- |
| Enter text |

1. Has your child experienced any big changes within the family during the last several years (such as moves, births, deaths, serious illnesses, separations, divorce, etc.)? If yes, describe:

|  |
| --- |
| Enter text |

1. Describe your child’s chronic medical conditions, if any:

|  |
| --- |
| Enter text |

1. When was the student’s vision last checked, and what did the check find?

|  |
| --- |
| Enter text |

1. When was the student’s hearing last checked, and what did the check find?

|  |
| --- |
| Enter text |

1. What activities does your child engage in or participate in when not in school?

|  |
| --- |
| Enter text |

1. Does your child have any repetitive behaviors (e.g., fidgeting, body rocking, teeth grinding, nail-biting)? If yes, describe:

|  |
| --- |
| Enter text |

1. What services or accommodations do you think would help improve or eliminate your child’s difficulties?

|  |
| --- |
| Enter text |

1. Do you think your child should be restricted from participating in any school activity because of health or safety concerns? If yes, describe:

|  |
| --- |
| Enter text |

1. Describe your child’s behavior at home with peers, siblings, neighbors, and parents (e.g., generally well-behaved, social, affectionate, withdrawn):

|  |
| --- |
| Enter text |

1. Does your child receive any medication at school? If yes, list medications:

|  |
| --- |
| Enter text |

1. Does your child require adaptive equipment or facility adaptation? If yes, describe:

|  |
| --- |
| Enter text |

1. Does your child have a physical or mental impairment that is episodic? If yes, describe the condition, when it was active, at what point it went into remission, and its impact on the student when it was active:

|  |
| --- |
| Enter text |

Additional notes, if any:

|  |
| --- |
| Enter text |

*Attach any information relating to any doctor’s order, diagnoses, or evaluation pertaining to disability (e.g., medical reports, psychological reports, ADD/ADHD or other diagnostic information). In addition, if your child has a health plan, please attach a copy of the most current plan.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Date:** | Enter date |
| **Parent / Guardian Signature:** |  | | |

| **Return to:** | Enter name | **by:** | Enter date |
| --- | --- | --- | --- |
| **Email:** | Enter email address | **Phone:** | Enter phone number |
|  | | | |
| **Address:** | Enter mailing address | | |