

## Section 504 Parental Input Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Please identify any specific problems and concerns that relate to your child's educational performance: \_\_\_\_\_

\_\_\_\_\_

2. How do you feel this problem affects your child's academic performance or progress?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How long do you feel your child has been experiencing the above problem(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please describe how you feel your child performs in each of the following areas:

Reading: \_\_\_\_\_

Written Expression: \_\_\_\_\_

Math: \_\_\_\_\_

Homework completion: \_\_\_\_\_

Studying: \_\_\_\_\_

Organization: \_\_\_\_\_

Following instructions: \_\_\_\_\_

5. Please describe your child's communication skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please describe your child's self-help skills:

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7. Please describe your child's motor skills and/or if he/she has any sensory issues:

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8. Please describe your child's interactions with others/social skills:

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9. Please list any behavior concerns/problems or attention problems your child might have:

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10. Please list any medical, mental health, or social services personnel who have evaluated and/or provided services to your child, such as physicians, therapists, counselors, or case workers. Also provide a brief description as to why your child was seen by these professionals:

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11. Please list any additional information you feel may be relevant to this evaluation:

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This form was completed by: \_\_\_\_\_ Date: \_\_\_\_\_