

Summit Academy

Section 504

Parent Input

Student: _____ Date: _____

School: _____ Grade: _____

Father's Name: _____

Mother's Name: _____

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? _____

Please describe your child's behavior at home? _____

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

Do you feel your child is experiencing problems in school? _____

When were you first aware of this problem? _____

What do you think is causing the problem? _____

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

Does your child usually eat breakfast? _____

Summit Academy

Section 504

What methods of discipline are used with your child at home? _____

What is your child's reaction to discipline? _____

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-affects from the medication? _____

Please tell us anything else that you think would be helpful in planning for your child's success at school.

Parent Signature

Date