

**FORM F**

**SECTION 504 PARENT QUESTIONNAIRE/INPUT FORM**

*(The information requested by this Parent Questionnaire/Input form is to assist the Section 504 team in determining your child's eligibility and/or needed services and accommodations under Section 504. Please attach additional pages to this form if needed. If you have questions or difficulties in completing this form, please contact the below designated Section 504 Coordinator.)*

**STUDENT:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**PARENT OR GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

\_\_\_\_\_ **EMAIL:** \_\_\_\_\_

1. Please discuss any physical or mental impairment for which your child receives medical or psychological/mental health services.

2. Please list all medications utilized by your child to include prescription and over-the-counter medications.

3. Please describe any past hospitalizations of your child.

4. Has your child had a serious medical condition in the past which is currently not symptomatic? If so, please provide additional information that in your opinion may be relevant to the Section 504 team.

5. Please discuss the instructional or academic concerns that you have regarding your child.

6. How long have you observed such instructional or academic behavioral concerns in regard to your child? Please indicate any interventions or services that you or any other non-school individual have provided.

7. Please indicate anyone at your child's school that you have spoken to or communicated with in any manner as to your instructional or academic concerns.

8. Has your child previously been retained? If so, please provide additional information that in your opinion may be relevant to the Section 504 team.

9. Please discuss any behavioral concerns that you have regarding your child at school and at home.

10. How long have you observed such behavioral concerns in regard to your child? Please indicate any interventions or services that you or any other non-school individual have provided in response to any such behavioral concerns.

11. Please indicate anyone at your child's school that you have spoken to or communicated with in any manner as to behavioral concerns.

12. Is English the primary language spoken in your child's home?  Yes  No

13. Have there been any important changes within the family within the last three years such as births, deaths, moves, separations/divorces, etc.? Please explain if so.

14. Please provide any additional information regarding your child that you feel may be appropriate for a Section 504 team to consider in determining your child's eligibility and services under Section 504.

In returning this form with your input, please attach any of your child's medical or mental health records relevant to your responses to the above questions. Such records will provide the Section 504 team with additional information to consider in determining your child's eligibility status and/or accommodations/services under Section 504.

**Upon completion, please return this Form to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_