



BUREAU OF INDIAN EDUCATION

Doing What's Best for Students!



Section 504 Meeting Parent Input

Student Name: _____ Date: _____

School: _____ Grade: _____

Parent's / Guardian's Name: _____

Parent's / Guardian's Name: _____

Who has legal authority to make educational decisions for this child? _____

With whom does this student live? _____

Please answer any questions that you think might be helpful to the 504 Team.

(Please attach additional paper if needed or documents that you feel might be helpful)

What are some of your child's strengths? _____

What does your child do when not in school? _____

Please describe your child's behavior at home _____

What activities does the family do together? _____

Have any family members had learning problems? _____

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? _____



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

Does your child usually eat breakfast? _____

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

Were there any problems before, during, or immediately after birth? _____

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 effects from the medication? _____

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

(This document is not a requirement but will be helpful in determining how to best serve your child)