# Parent Input Form

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Student Name:      DOB:

Date       Adult completing form:

Relationship to Student

This student is being evaluated for a 504 Plan for a suspected disability. Your input as a parent is valuable. Please complete this form and return to       (Building 504 Coordinator) no later than       (date).

Describe how the disability impacts your child’s social / behavioral interactions with family, peers and others in comparison with other children the same age.

Describe how the disability impacts your child’s learning / academic progress in comparison with other children the same age.

Describe any physical or environmental modifications that are required because of this disability.

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List your child's strengths.

Please provide any information that will help the school meet your child's needs. This may include school (growth in reading or math skills you have observed, strategies that have worked in the past, etc.), behavior (at home, in school, in the neighborhood) medical issues - anything!! Thank you for your assistance.