

LONGVIEW INDEPENDENT SCHOOL DISTRICT

Section 504 Parent Input Form 8, page 1 of 4

Parent Input for Section 504 Evaluation

The information requested will greatly assist the §504 Committee in evaluation of your child. If you have additional information that you want the Committee to consider (and that is not requested here) please feel free to attach additional pages. Disregard any question that makes you uncomfortable. If you would prefer to provide this information by phone, please contact ______ at

Student Name: Date of Birth:								
Address:	Phone:							
chool: Grade:								
General Information								
Mother's Name:								
Occupation:					Le	vel of Ec	lucation	
Father's Name								
Occupation:					Le	vel of Ec	lucation	
With whom does the child live?				Rel	atio	onship to	child:	
						_		
Other Children in the Home (attach addition	onal page i	f ne	cessa	ry)				
Name			Age	e	Relationship			
Other Adults in the student's Home			Relationship to student					
Do any family members have learning problems? If yes, please explain								
Compared to other children in the family, this child's development was: (check one)								
Slower About the same Faster								
At what age, in months, was the student able to do the following:								
Sat without support Ci				Wa	Walked without support			
Used spoon fairly well Fi	rst word		Reasonably well-toilet trained			ell-toilet trained		
The Student's Friends & Activities								
Does the student prefer to play/socialize w	ith		Gir	ls		Boys	No preference	

Does the student prefer to play/socialize with	Girls	Boys	No pret	erence	•
Does the student have friends his/her own age?			Ye	s	No
Does the student have friends who are younger than	the student?		Ye	s	No
Does the student have friends who are older than the	e student?		Ye	s	No

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The Student at Home										
Please check each item available for the student's use at home:										
Computer	Books		Tape recorder CD player							
Video games	Television		Educational toys	Radio						
What kinds of activities does your family do together? (Read, play games, camp, etc.)										
Have there been any in	How there been one important alonges within the family during the last three years (For everyla									
Have there been any important changes within the family during the last three years (For example, changes, moves, births, deaths, serious illnesses, separations, divorce)										
With whom in the fami	ly is the student parti	iculaı	rly close?							
Has the student even been separated from the family due to family problem, health reasons, etc? If yes, please explain.										
How did the student rea	How did the student react to the separation?									
Describe the student's	behavior at home wit	th pee	ers, siblings, neighbors,	, and parer	nts. (For exa	mple, is				
the student generally w	ell-behaved? Social?	P Affe	ectionate? Withdrawn?							
What methods of discipline are used with this student at home? (For example, spanking, extra chores, early bedtimes, taking away of privileges; is he/she given rewards for good behavior?)										
How does the student react to discipline?										
Who is usually disciplines the student at home?										
The primary language in the home is:										
How long has the student lived in the United States?										
What time does the student go to bed at night? Does the student eat breakfast?										
What does the student do when not in school? (Please list the student's common indoor and outdoor activities.)										
Does your student have a part-time job after school or on weekends? If yes, please provide the average number of hours worked per week.										
The Student at School										
Has your student talked to you about difficulties or problems at school? Please explain:										
Do you think your stud	ent is having difficul	ties i	n school?		Yes	No				
If you think your stude				erns.						

What do you think is causing the student's difficulties at school?

When did you first notice the difficulties?

If you have discussed these concerns with the school, please indicate when and with whom you shared your concerns:

If your student qualified for Section 504, what services or accommodations do think are necessary so that the student can participate and benefit from school?

Has your student ever had the following? Never Began at age? Ended at age? Still has problem Frequent fevers Image: Still has problem Image: Still has problem Image: Still has problem Frequent construction Image: Still has problem Image: Still has problem Image: Still has problem Frequent vomiting Image: Still has problem Image: Still has problem Image: Still has problem Frequent vomiting Image: Still has problem Image: Still has problem Image: Still has problem Frequent vomiting Image: Still has problem Image: Still has problem Image: Still has problem Stepwalking Image: Still has problem Image: Still has problem Image: Still has problem Read banging Image: Still has problem Image: Still has problem Image: Still has problem Rocking of body Image: Still has problem Image: Still has problem Image: Still has problem Rocking of body Image: Still has problem Image: Still has problem Image: Still has problem Read banging Image: Still has problem Image: Still has problem Image: Still has problem Read banging Image: Still has problem Image: Still has problem Image: Still has p	Childhood & Medical History									
Frequent fevers		Never	Began at age?	Ended at age?	Still has problem					
Frequent vomiting Imposed in the student is not currently receiving medical care? Please describe any side effects the student experiences from these medications. Please describe any hospital stays by your student, including the date, reason for the stay, the duration,	Frequent fevers				^					
Thumbsucking Image: Steepwalking Nightmares Image: Steepwalking Head banging Image: Steepwalking Head banging Image: Steepwalking Head banging Image: Steepwalking Rocking of body Image: Steepwalking Teeth grinding Image: Steepwalking Bedwetting Image: Steepwalking Fingernail biting Image: Steepwalking Temper tantrums Image: Steepwalking Run away from home Image: Steepwalking Lost consciousness Image: Steepwalking Conrultions Image: Steepwalking Doctor's reports, letters and diagnoses can be very helpful to the 504 Committee. Please attach the student's medical records so that the Committee can have a more complete picture of your child. If you would prefer, you may give the District written consent to seek those records from your doctors directly. Please notify (504 Coordinator) at to get the necessary form. Image: Steepwalking Image: Steepwalking Image: Steepwalking Image: Steepwalking Please identify any medical problem for which your student is currently receiving medical care? Image: Steepwalking Image: Steepwalking Please list all medications currently taken by your student (over the counter and prescription).	Frequent earaches									
Nightmares	Frequent vomiting									
Sleepwalking	Thumbsucking									
Head banging Image: Construct of the stage of the	Nightmares									
Rocking of body	Sleepwalking									
Teeth grinding Image: Construct of the student is not currently receiving medical care: Please list all medications currently taken by your student for over 1 year: Please describe any hospital stays by your student, including the date, reason for the stay, the duration,	Head banging									
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Fingernail biting	Teeth grinding									
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Run away from home	Fingernail biting									
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and the result of treatment.	Please describe any hospital stays by your s	student, i	ncluding the date	e, reason for the	stay, the duration,					
	and the result of treatment.		-		-					

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What is the name of the condition or illness?

When and how often is the condition or illness a problem for your child?

How does the condition or illness affect your child when the symptoms are most serious?

Did your child used to have a serious medical condition or illness that has gone away? If yes, please answer the following questions:

What is the name of the condition or illness that your child used to have?

When did your child suffer from the condition or illness?

How did the condition or illness affect your child when the symptoms were most serious?

Is the condition or illness likely to return?

Is there any other information about your student or family that you would like the Section 504 Committee to consider when evaluating your student for Section 504 eligibility? If so, please provide it here.

Signature of Parent

Date

Signature and Position of person assisting (if any)

Date