



To complete this form electronically,
it must be opened in *Adobe Reader!*

Section 504 Parent/Guardian Input

Student Name Date of Birth

Adult completing form Relationship to Student Date

This student is being evaluated for a 504 Plan for a suspected disability. Your input as a parent/guardian is valuable. Please complete this form and return to:

Building 504 Coordinator no later than

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.

List your child's strengths.

Please provide any information that will help the school meet your child's needs. This may include school, behavior, or medical issues. Thank you for your assistance.