

**Sumner County Schools Section 504 Parent/Guardian Evaluation Input Form**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents/Guardians' Names \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

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

With whom does this child live? \_\_\_\_\_

**Please answer any questions that might be helpful to the Section 504 team and your child's evaluation. All information will be shared only with the 504 team of which you are a part.**

To qualify for a Section 504 plan, a student must have a physical or mental impairment that substantially limits a major life activity. What impairment does your child have? \_\_\_\_\_

\_\_\_\_\_

Is your child under the care of a physician, psychologist, or therapist/counselor? If so, please describe treatment. \_\_\_\_\_

\_\_\_\_\_

Is your child currently taking any medications? If so, what? \_\_\_\_\_

Does your child have a health plan at school? \_\_\_\_\_

The substantially-limiting impairment your child may have could impact his/her educational process. What impact do you think the impairment has on your child's academic performance?

\_\_\_\_\_

\_\_\_\_\_

Has your child talked to you about difficulties or problems at school? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If your child struggles with behavior issues, please answer the following questions to help determine accommodations if he/she is found eligible for a Section 504 plan.**

What methods of discipline are used at home? \_\_\_\_\_

\_\_\_\_\_

What is your child's reaction to discipline? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_