

MONONGALIA COUNTY SCHOOLS

PARENT INPUT FORM FOR 504

STUDENT'S NAME _____ SCHOOL _____ GRADE _____ BIRTHDATE _____

ADDRESS _____ PHONE _____ TEACHER _____

PARENT/GUARDIAN INFORMATION:

- Father's Name _____ Mother's Name _____
This child mainly lives with (check one or more): ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Grandparents
Other _____
Address _____ Phone Number(s) _____
Email Addresses _____

List individual(s) who have legal authority to make education decisions for this child: _____
In a foster placement, who is the Case Manager _____ Phone _____

MEDICAL HISTORY

- Has your child ever been hospitalized? If YES, please describe. _____

- List current medical conditions: _____
- Is your child on medication? If YES, please describe. _____

*Parent is reminded to provide any medical diagnosis/reports that have educational relevance, such as ADHD and/or necessitate need for a health care plan (e.g. seizures):

ACADEMIC/HOME/SOCIAL BEHAVIORS:

Academic Strengths:	Academic Concerns/Weaknesses:
Home Strengths:	Home Concerns/Weaknesses:
Personal/Social Strengths:	Personal/Social Weaknesses/Problem Behaviors:
Suggestions for School:	
Other:	

Parent/Guardian Signature: _____

Date: _____