

**SAN MATEO UNION HIGH SCHOOL DISTRICT**  
**SECTION 504 - PARENT INPUT FORM**

Form 504.2C Page 1 of 2
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To assist us with the evaluation of your student, please complete the following information as soon as possible and return with the signed Parent Consent Form to your student's School Counselor.

Student's Name	Student Grade	Date	School
Parent/Guardian Name(s)	Phone Number	Type	
		<input type="checkbox"/> Home	<input type="checkbox"/> Cell
		<input type="checkbox"/> Home	<input type="checkbox"/> Cell

My Student's Health: check all that apply	Explain the checked boxes:
<input type="checkbox"/> My student is not currently under doctor's care for any physical or mental condition.	
<input type="checkbox"/> My student has a physical or mental condition under doctor's care.	
<input type="checkbox"/> My student has a physical or mental condition with symptoms that are sometimes more serious than other times.	
<input type="checkbox"/> My student had a serious physical or mental condition that has gone away.	

Medication:			
<input type="checkbox"/> My student is <b><i>not</i></b> taking medication.			
<input type="checkbox"/> My is taking the following medications for the following reasons: (Attach additional pages if necessary)			
Name of Medication	Purpose of Medication	Dosage	Duration/Length of time on medication

My Student at Home: Answer the questions below and explain your responses as necessary. (Attach additional pages if necessary)
Does your student seem to have difficulty doing homework? What seems difficult? Do they receive help outside of school? On average, how much time does your student spend on homework?
Does your student have trouble accessing physical environments or need physical supports around the home and community? Explain.
Does your student have friends and interests outside of school time? Explain.
Have there been any significant changes with the family recently, (i.e. divorce, separation, relocation, serious illness, deaths, etc.)?
How are your student's coping skills to relationships, stresses and general health like sleeping and eating?

**My student at School:** Answer the questions below and explain your responses as necessary.  
(Attach additional pages if necessary)

Has your student ever been assessed for special education? When and where?

Do you feel your student is having difficulties at school? How long has your child been having difficulties? How do these difficulties manifest in your student learning?

Have you shared your concerns with any school personnel? With whom? When? Were there any actions taken?

What do you think is causing the difficulties at school?

What accommodations do you think would be necessary in order for your student to have an equal opportunity in receiving an education?

**Please add any additional information and concerns which could help in our evaluation.**

Please attach any documentation which could help with the evaluation. Examples of documents that could assist us in the evaluation could include a doctor's note or school reports. (Note: This is not necessary if you do not have any reports to share.)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**School Personnel Only:** Date Received \_\_\_\_\_