Tri-County Regional Vocational Technical High School
Section 504 Parent Input Sheet

Student: ___________________________________________ Date: ______________________

School: Tri-County Regional Technical Vocational High School  Grade:________________

Parent(s)/Guardian(s) Name(s): ___________________________________________________
                                                                                       
Who has legal authority to make educational decisions for this student?: ______________
                                                                                       
With whom does this student live?: _________________________________________________
                                                                                       
Please answer any of the following questions that you think may be helpful to the 504 Team:

What are some of your child’s strengths?  ___________________________________________
                                                                                       
What does your child do when not in school?  _______________________________________
                                                                                       
Please describe your child’s behavior at home:  ____________________________________
                                                                                       
Have there been any important changes within the family during the last 3 years?
                                                                                       
Do you feel your child is experiencing problems in school? ________________
                                                                                       
When were you first aware of this problem?  _______________________________________
                                                                                       
What do you think is causing the problem?  _________________________________________
                                                                                       
What time does your child go to bed at night?  ______________________________________
                                                                                       
Does your child usually eat breakfast? ______________________________________________
                                                                                       
What methods of discipline are used with your child at home? _________________________
                                                                                       

*Continued on back
Are there any other pieces of information you would like to share that you feel are important?
___________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________