

Northern Highlands Regional School District
Northern Highlands Regional High School
298 Hillside Avenue
Allendale, New Jersey 07401

Section 504 Parent Input Form

Student: _____ **School:** _____

Birthdate: _____ **Grade:** _____

Guardian 1's Name: _____ **Guardian 2's Name:** _____

Please answer any questions that you think might be helpful to the Section 504/I&RS 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?

What is your child's reaction to discipline?

Has your child mentioned any problems with school? If so, how does he/she feel about the problem?

Health History

Please describe any serious illnesses, accidents, or hospitalizations.

Does your child appear to have any physical health problems, including allergies?

Is your child receiving service(s) from another agency?

Is your child currently taking medications? If so, please list.

Are there any known side effects from the medication?

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

Parent/Guardian
(Print Name)

Signature

Date