

**Island City Academy**  
**Section 504 Parent Input Form**

Student Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ 504 Coordinator: Amy Ives  
\_\_\_\_\_  
\_\_\_\_\_

The information requested will help assist the Section 504 Team in better understanding your child. Your input is valuable as we work to support him/her. If you wish to share information outside of what is requested on this form, please feel free to attach additional information to this form when returning it to me. If you have questions or concerns, contact the above named 504 Coordinator at (517)663-0111 or by email: \_\_\_\_\_,

**1. Medical History:**

a. Past or Present medical concerns? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe.

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b. Is your child taking any medications? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what medication is your child currently taking?

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c. Is your child under the care of a physician and/or psychologist? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe:

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d. Please share any other information you feel would help ICA support your child:

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**2. Family History:** Past or present family issues (divorce, moves, births, deaths, etc.)

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**3. Social History:** How does your child interact with peers? Siblings? Adults?

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**4. Educational History:**

a. Was your child retained? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, what grade? \_\_\_\_\_

b. Has your child been previously evaluated? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, when and what areas were evaluated? \_\_\_\_\_ If

so, are copies of the evaluation available? No \_\_\_\_\_ Yes \_\_\_\_\_

c. Was your child previously eligible for special education and related services? No \_\_\_\_\_

Yes \_\_\_\_\_ If so, when \_\_\_\_\_

d. Was your child previously eligible for a Section Plan? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, when?

\_\_\_\_\_

e. Does your child have difficulty with specific academic subjects? No \_\_\_\_\_ Yes \_\_\_\_\_ If

yes, which subjects are most difficult? \_\_\_\_\_

f. How would you describe your child's study habits?

\_\_\_\_\_

g. Is homework completed?? No \_\_\_\_\_ Yes \_\_\_\_\_

h. Has the student been tutored? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe when and  
for what subjects:

\_\_\_\_\_

\_\_\_\_\_

i. Has the student attended summer school? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe  
when and for what subjects:

\_\_\_\_\_

\_\_\_\_\_

j. Is the student academically motivated? No \_\_\_\_\_ Yes \_\_\_\_\_  
k. Please share any other information you feel is relevant about your child's academic  
performance:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

5. What are the **main concerns** you have about your child, if any?

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