

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.

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

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

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

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

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

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:

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