

**Minnetonka School District
Section 504 Evaluation
Parent Questionnaire**

Student Information

Name: _____	Date of Birth: _____
School: _____	Grade: _____
Teacher: _____	

Family Information

Parent/Guardian Name: _____	Phone: _____
Parent/Guardian Name: _____	Phone: _____
Step Parent Name(s): _____	
Sibling Name(s) and Age(s): _____	
Address: _____	
Email: _____	
What is your preferred contact method? Phone____ Email____	

Medical Information

Diagnosis: _____
<i>Please attach the diagnostic/psychological report and/or medical record of the diagnosis, if available</i>
Date/Age of Diagnosis: _____
Diagnosing Clinician: _____
Clinic: _____
Is your child on medication? Yes ____ No ____
Please list medications, length of time on the medication and prescribing medical doctor:

Private Services

Please list any service providers involved in your child's care and the length of time of the service.

(i.e. tutors, ADHD coaching, therapies)

Presenting Concerns

Briefly state your main concern with your child's school performance.

What interventions do you feel have worked well for your child in the past?

How can we best meet your child's needs at school?
