

# PITTSBURG UNIFIED SCHOOL DISTRICT

## Section 504: PARENT EVALUATION WORKSHEET

STUDENT NAME: \_\_\_\_\_ School: \_\_\_\_\_

Please complete this worksheet to prepare for the Student Study Team meeting on  
\_\_\_\_\_ (date)

Student's Strengths:

- 1.
- 2.
- 3.
- 4.
- 5.

Student's Needs

- 1.
- 2.
- 3.
- 4.
- 5.

Has Your Child Ever Been Retained?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, What grade? \_\_\_\_\_

Do you use any modifications at home to assist your child? \_\_\_ yes \_\_\_no

Modifications that work...

- 1.
- 2.
- 3.
- 4.

Modifications that don't work...

- 1.
- 2.
- 3.
- 4.

Was your child ever tested or identified as Special Education? \_\_\_ Yes \_\_\_ No

If yes, When and Where?

What does your child do during unstructured time?

Any other information you can share that will help us plan with you for your child's education?

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_