**Parent Concerns for 504 Meeting for [Child’s Name]**

**Date: [Insert Date of 504 meeting]**

**Submitted by [Parents names]**

**Concerns Regarding [Child’s Name]’s Needs and Current Challenges**

1. Academic Performance: [Child's Name] is struggling in [specific subjects] due to [describe challenges—e.g., difficulty focusing, anxiety, etc.]. These difficulties have impacted their grades and ability to keep up with classwork.
2. Emotional/Social Issues: [Child's Name] has experienced [describe—e.g., anxiety, stress, social isolation] that seems to be affecting their ability to engage in class and interact with peers.
3. Attendance: [If applicable] Due to [specific health/mental health condition], [Child's Name] has missed [number] of school days, and we are concerned about how absences may affect [his/her/their] progress.
4. Behavioral Concerns: [Child’s Name] has exhibited [describe behavior—e.g., withdrawal, frustration, or disruptive behavior] during class, which we believe may stem from unmet needs.

**Requests for Accommodations**

Based on the above concerns, we respectfully request the following accommodations to help [Child's Name] access their education on an equal basis:

1. Classroom Accommodations: [Examples include preferential seating, extra time on assignments/tests, modified workload, access to a quiet space for breaks, etc.]
2. Testing Accommodations: [Examples include extended time, use of technology for typing answers, reduced distraction environment, etc.]
3. Health/Medical Accommodations: [Examples include permission to leave class for medical needs, snack breaks for blood sugar management, etc.]
4. Social/Emotional Support: [Examples include access to counseling services, a designated adult to check in with, peer support programs, etc.]

**Concerns About Implementation and Monitoring**

We would also like to discuss how the accommodations will be implemented and monitored to ensure they are effective. We are particularly concerned with:

1. Clear communication between school staff and us regarding [Child's Name]’s progress and any issues that arise.
2. Ensuring that [specific accommodations] are provided consistently across all settings (e.g., general education, extracurricular activities).
3. Establishing a process for reviewing and adjusting the 504 Plan as needed.

**Other Concerns**

1. [Any other concerns the parents may have, such as bullying, interactions with teachers/peers, or concerns about transitions between grade levels.]