**<Delete this section – This is Arden’s 504 plan from 6th grade. 504 plans are very much living documents and should be adjusted as necessary. Compliments of ArdensDay.com, not meant to be advice, medical or otherwise. Good luck! – Delete this section>**

<School Name>

<School Address>

<School Address>

<Principle Name> <Principle Title>

<Principle Email> <Principle Phone>

504 Student Accommodation Plan

<Date> - <Date>

|  |  |
| --- | --- |
| **Name** | <Student Name> |
| **Address** | <Student Address> |
| **Telephone #** | <Student Phone> |
| **Birth Date** | <Student Birth Date> |
| **School** | <School Name > |
| **Grade** | <Grade Level> |
| **Meeting Date** | <Date of 504 Meeting> |
| **Case Manager** | <Manager Name> |

**Describe the nature of the concern:**

<Student Name> has Type 1 Diabetes.

**Describe the basis for determination of this 504 plan:**

<Student Name> has been diagnosed with Type 1 Diabetes by <Doctor Name>

**Describe how <Student Name> diabetes affects a major life activity to warrant this 504 plan:**

<Student Name> must have her blood sugar checked and both her diet and physical activity monitored on the described schedule or adverse effects or serious physical effects can occur. These effects can be seizures and/or death.

**Describe the reasonable program accommodations that are necessary:**

Please see the attached modification sheet.

**Review/Reassessment date**

<Date>

504 Student Accommodation Plan

<Date> -<Date>

|  |  |
| --- | --- |
| **Name** | <Student Name> |
| **School** | <School Name> |
| **Grade** | <Grade> |
| **Teacher** | <Teacher Name> |
| **Case Manager** | <Name> |

***In addition to*** <Student Name> ***Individualized Health Plan (IHP), which includes a provision that a nurse be on site at all times at the <School Name>, the following 504 Plan ensures her ability to learn and stay in school. It is important to note that low blood glucose is immediately life-threatening to*** <Student Name>*.*

**Academic Related Accomodations**

1. **Personnel**

• All PRMS staff will receive the training provided by the state of

<State> to recognize Type I Diabetes emergency at a faculty meeting.

* The school nurse shall designate, in consultation with the Board of Education, additional employees of the school district who volunteer to administer Glucagon, when the school nurse is not physically present at the scene. These volunteer designees must be trained by the school nurse or other qualified health care professional to administer Glucagon and to follow the protocols established in the student's individualized emergency healthcare plan. (Administrators) Although these trained staff members can act on <Student Name>'s behalf if the nurse is not immediately present or available, the school nurse remains the primary contact for <Student Name>'s care.
* Teachers are trained to recognize Type I Diabetes emergency indicators will be assigned to <Student Name> to monitor her during large group portions of the school day including but not limited to lunch, recess\*, and school assemblies.
* <Student Name> will carry a modified "to go bag.” This bag will contain a monitor that simply tests <Student Name>'s glucose level but does not administer insulin, along with other items contained in the regular "to go bag," as provided by <Student Name>'s parents.
* A staff member will be assigned to monitor <Student Name>'s whereabouts and activity at recess in order to prevent a Diabetic incident.
* In a suspected Type I Diabetes incident, staff will contact the nurse and remain with <Student Name> until she arrives.
* In a suspected Type I Diabetes incident, the school nurse\* will:

1. Give <Student Name> juice immediately
2. Apply the glucose gel to the inside of <Student Name>'s cheek if she is noncompliant in drinking her juice.

* <Student Name> may become cooperative and drink the juice, **or**
* District personnel have the parent's permission to restrain <Student Name> if she becomes combative during the application of the glucose gel.

1. If <Student Name> becomes unconscious BEFORE OR AFTER the administration of juice,

The nurse will:

* administer the life saving 1/2 vial of glucagon in the buttocks
* call 911
* notify the office to contact the parents and physician

\*lf for any reason the school nurse is not immediately available, trained school staff will perform the functions detailed above.

* The school nurse and parents will develop the process and procedures to test <Student Name>'s glucose levels and administer insulin throughout the day at the assigned times. The following are the current agreed upon times. They are subject to change based on <Student Name>'s medical needs as directed by the school nurse and parents

1. Glucose Testing & Insulin Dosing

* As per <Student Name>’s nurse practitioner, <Student Name> can check her blood sugar in the classroom and contact her father with her cell phone. <Student Name>’s father will be able to assist <Student Name> in deciding insulin doses and operating pump.
* District Transportation Coordinator will work with the parents to schedule <Student Name>'s bus route.

1. In the event of a bus breakdown, parents will be contacted to remove <Student Name> from the bus at the breakdown location
2. In the event of a homebound delay, parents will be contacted to pick up <Student Name> at school

* <Student Name>'s parents will design a laminated flyer that will be placed on her bus. This flyer will provide information on how to handle an emergency.
* <Student Name>'s bus driver and the Director of Transportation will attend the diabetes training session.

A class buddy will escort <Student Name> when moving around the school. <Student Name> is to never leave the classroom unattended. In addition she **must** **never be sent anywhere** with actual -- or suspected - low blood glucose without an adult.

The aforementioned laminated flyer will be placed in the teacher's substitute

folder. An additional flyer will be sent out at recess.

**2. Snacks and Meals**

* The school nurse will work with <Student Name> and her parents to coordinate a meal and snack schedule in accordance with the Diabetes Medical Management Plan that will coincide with the schedule of classmates to the closest extent possible.
* Advance notice will be provided of snacks in the classroom or any additional physical activity (besides schedules PE classes)
* Chartwells will provide the carbohydrate counts for their menu items. Once provided, the school nurse will have this information.
* A snack and quick-acting source of glucose must always be immediately available.
* <Student Name> shall eat lunch at the same time each day.
* <Student Name> shall be permitted to leave for the cafeteria a few minutes early.
* <Student Name> shall have enough time to finish lunch.
* All school personnel will permit <Student Name> to eat a snack.

1. In the classroom or wherever she is (including, but not limited to  
   classrooms, gym, auditorium, playground, field trips, and school bus) at  
   times designated in the Diabetes Medical Management Plan
2. As directed by the nurse and/or parent to treat hypoglycemia.
3. As directed by the nurse in response or to prevent a change in her regular schedule.

**3. Water and Bathroom Access**

* <Student Name> shall be permitted to have immediate access to water by keeping a water bottle in the student's possession and at the student's desk, and by permitting the student to use the drinking fountain without restriction.
* <Student Name> shall be permitted to use the bathroom without restriction.

**4. Environment**

* <Student Name> shall have immediate access to her bag containing her blood glucose monitoring equipment, insulin pump supplies, CGM and Omni Pod and glucose in the form of food, juice, glucose gel or tablets in order to treat hypoglycemia. <Student Name> shall be permitted to carry these things with her at all times. Items will be in a small, discrete case.
* <Student Name> is permitted to have a cell phone with her at all times.

**5. Tests & Classroom Work**

* If <Student Name> is affected by high or low blood glucose levels at the time of regular testing, she will be permitted to take the test at another time without penalty.
* If <Student Name> needs to take breaks to use the water fountain or bathroom, check blood glucose, or to treat hypoglycemia or hyperglycemia during a test, she will be given extra time to finish the test without penalty.
* Prompt <Student Name> to record her blood sugar on the top of her test.
* If <Student Name> is affected by high or low blood glucose levels or needs to take breaks to use the water fountain or bathroom, check blood glucose, or to treat hypoglycemia or hyperglycemia, she will be permitted to have extra time to finish classroom work without penalty.
* <Student Name> shall be given instruction to help her make up any classroom time missed due to diabetes care without penalty.
* <Student Name> shall not be penalized for absences/lateness required for medical appointments and/or for illness.
* Whenever possible the time of the test will be provided to the parents at least 24 hours in advanced.

**6. Emergency Evacuation & Shelter-In-Place**

* In case of an emergency evacuation all procedures and responsibilities of the school shall remain the same.
* <Student Name>'s teacher will ensure that <Student Name> has her bag containing all of her supplies with her prior to leaving the classroom.
* The nurse will bring her supplies the emergency evacuation location.

**7. Standardized Testing Modifications**

* Complete in a one on one testing environment
* Allow for extra time not to exceed 150% of the original time
* Provide frequent breaks during testing
* Per the State Testing Coordinator:
  + <Student Name>’s cell phone may be on and present in the testing site but **must** be in the examiner’s possession.
  + **On breaks,** <Student Name> may give her testing materials to the examiner to hold so that she may text her blood sugar information to dad. The examiner will look over <Student Name>’s shoulder as she texts to ensure only medical information is being shared.
  + **During testing**, if <Student Name> needs to share medical information via her cell phone (either due to an incoming text prompting her to do so, not feeling well, or her monitor alerts her to do so) she must close her test booklet and answer sheet, move away from the desk, and retrieve her cell phone from the examiner. Again the examiner will watch over <Student Name>’s shoulder to ensure that <Student Name> is only texting medical information. **<Student Name> receives no additional time beyond the 150% of extended time even if she breaks to text medical information**.