**<Delete this section – This is Arden’s 504 plan from Kindergarten. 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>

504 STUDENT ACCOMMODATION PLAN

<YEAR> - <YEAR>

<Student Name> <LAST> (STUDENT) <TEACHER> – <GRADE>

**January 10, 2010 <NAME> – CASE MANAGER**

In addition to <Student Name>’s Individualized Health Plan (IHP), which includes a provision that a nurse be on site at all times at the Sharon School, 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 ACCOMMODATIONS**

**1. PERSONNEL**

* All Sharon School staff will be trained to recognize Type I Diabetes emergency indicators.
* 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. 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.
* A Health Aide (HA) 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>’s Health Aid will carry a modified “to go bag” whenever she/he is with <Student Name>. 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.

\*If the Health Aide is unable to monitor <Student Name>’s recess activities, a Sharon School 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

\*If 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

 A. Morning Snack - before - no later than 10:30 AM

 B. Gym class - before and after

 C. Recess - before and after

 D. After 3:15 but before <Student Name> boards bus

 E. BEFORE food - lunch, snack, and special celebration events

 F. Other - determined by the school nurse

1. Insulin Administration

 A. After snack

 B. After lunch

 C. For elevated blood glucose

D. Other - determined by parent

* 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.

* **<Student Name> must never be sent anywhere** with actual -- or suspected -- low blood glucose without an adult.

**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.
* Chartwells will provide the carbohydrate counts for their menu items. Once provided, this information will be posted in the Nurse’s Office.
* 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 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

* 1. As directed by the nurse and/or parent to treat hypoglycemia.
	2. 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 “to go bag” containing her blood glucose monitoring equipment, insulin pump supplies, 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> will be permitted to carry a cell phone in her back pack.

**5. TESTS AND 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.
* 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 required for medical appointments and/or for illness.
1. **EMERGENCY EVACUATION AND 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>’s “to go bag” containing her blood glucose monitoring equipment, insulin pump supplies, and glucose in the form of food, juice, glucose gel or tablets in order to treat hypoglycemia goes to the emergency evacuation location.
* <Student Name>’s Health Aid will bring her modified “to go bag” to the emergency evacuation location.

This Plan shall be reviewed and amended at the beginning of each school year or more often if necessary.

**Approved and received:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

       Parent’s Name             Parent’s Signature  Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

  Case Manager’s Name  Case Manager’s Signature  Date