**<Delete this section – This is Arden’s 504 plan from 8th grade. 504 plans are very much living documents and should be adjusted as necessary. Compliments of ArdensDay.com and the Juicebox Podcast, not meant to be advice, medical or otherwise. Good luck! – Delete this section>**

**School Name**

School Address

School Address

<Overseeing School Administrator>

<Administrator Title>

School Name>

<Administrator Email>

<Administrator Phone>

504 Student Accommodation Plan

20<XX> - 20<XX>

|  |  |
| --- | --- |
| **Name** | <Student Name> |
| **Address** | <Student Address> |
| **Telephone #** | <Home Phone< |
| **Birth Date** | <Student Birthdate> |
| **School** | <School Name> |
| **Grade** | <Student Grade> |
| **Meeting Date** | <Date> |
| **Case Manager** | <Nurse or otstudent> |

**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>’s diabetes affects a major life activity to warrant this 504 plan:**

<Student Name> must have student blood sugar checked and both student 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**

June 2016

12/5/2016

01/27/2017

03/24/2017

05/22/2017

07/13/2017

11/01/2017

1/17/2018

04/13/2018

End of Year Review 6/06/2018

504 Student Accommodation Plan

20<XX> - 20<XX>

|  |  |
| --- | --- |
| **Name** | <Student Name> |
| **School** | <School Name> |
| **Grade** | 8th Grade |
| **Case Manager** | <Nurse Name> |

***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 <School Name>, the following 504 Plan ensures student 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 <School Name> staff will receive the training provided by the state of

<Your 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 student 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 student 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 student is noncompliant in drinking the juice.

* <Student Name> may become cooperative and drink the juice, **or**
* District personnel have the parent's permission to restrain <Student Name> if student 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 <AMOUNT> 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 student blood sugar in the classroom and contact student parents with student cell phone. <Student Name>’s parents will be able to assist <Student Name> in deciding insulin doses and operating pump.
* **<Student Name>’s cell phone is considered a medical device and is permitted to be with student at all times. <Student Name>’s proximity to student phone is crucial and close proximity must be ensured at all times**
* 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 bus driver and the Director of Transportation will attend the diabetes training.

<Student Name> is to never leave the classroom unattended with actual -- or suspected - low blood glucose without an adult.

**2. Snacks and Meals**

* The school nurse will work with <Student Name> and student 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)
* <Food Provider - company> 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.

3. In the classroom or wherever student 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 student 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 student bag containing student blood glucose monitoring equipment, insulin pump supplies, Dexcom CGM and Omnipod 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 student at all times. Items will be in a small, discrete case.
* <Student Name> is permitted to have a cell phone with student at all times. Student phone must be in close proximity to <Student Name> at all times due to the nature of student medical devices. Student phone is a **medical device** serving as a conduit for transmitting blood sugar information that supports the correct operation of student Dexcom CGM and Omnipod.

**5. Tests & Classroom Work**

* If <Student Name> is affected by high or low blood glucose levels at the time of regular testing, student 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, student will be given extra time to finish the test without penalty.

**<Student Name> will record student blood sugar on the top of student test. Blood sugar levels should be jotted in the topper upper right corner of student assessments.**

* 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, student will be permitted to have extra time to finish classroom work without penalty.
* <Student Name> shall be given instruction to help student 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 advance.

**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 student bag containing all of student supplies with student prior to leaving the classroom.
* The nurse will bring student supplies to the emergency evacuation location.

**7. Standardized Testing Modifications**

* Allow for medically induced breaks if <Student Name> needs to check student blood sugar information.
* Per the State Testing Coordinator:
  + <Student Name>’s cell phone may be on and present in the testing site with access to the phone. Parent will be send state sign off form for 504 accommodations and the state will be contacted about above for approval.
  + **During a medically induced break,** <Student Name> may give student testing materials to the examiner to hold so that student may text student blood sugar information to dad. The examiner will look over <Student Name>’s shoulder as student texts to ensure only medical information is being shared.
  + **During testing**, if <Student Name> needs to share medical information via student cell phone (either due to an incoming text prompting student to do so, not feeling well, or student monitor alerts student to do so) student must close student test booklet and answer sheet, move away from the desk, and retrieve student 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.