

# Sample 504 Plans

JDRF  
typeoneatlas  
IMPROVING LIVES. CURING TYPE 1 DIABETES. T1D  
Summit



## Section 504 Accommodations

Name: [student's full name]

School: [school name]

Grade: 4 School Year:

The following statements relate to the [student's full name]. He has Type 1 Diabetes.

1. Each staff member having involvement with [Name] will be informed about his condition by the school nurse and/or parent. The training of the staff will be conducted before or during the first week of school.
2. Each of the above staff members will be given a "Diabetes Folder" detailing [Name]'s condition. This folder will include pertinent charts, lists and explanations about diabetes. Parent will provide the folder.
3. All school support staff, including: secretaries, cafeteria staff, custodians and bus drivers will be made aware that he has Type 1 Diabetes and be able to identify him. Each individual will be give basic instructions on emergency procedures.
4. If necessary, a Diabetes Educator will visit the school and conduct a meeting with all staff to further train them in diabetes care and emergency instructions.
5. All staff and personnel will be educated in meeting the needs of a diabetic student and recognize the signs of **hypoglycemia** (low blood sugar) and **hyperglycemia** (high blood sugar).
6. [Name] will be given a free pass to leave any class, at anytime, if he needs to use the bathroom or needs a drink of water.
7. [Name] will be accompanied by a companion if he needs to go to the nurse's office when not feeling well. Staff will notify Nurse/Office that he is not feeling well and is on his way to the Health Office.
8. A Blood Glucose Monitor and recording charts will be kept in the classroom. He is permitted to test at any time anywhere on school grounds. If his result is outside of the predetermined "target" range (70-150), he must notify his teacher. It is the teacher's responsibility to alert the Nurse of any necessary treatment for hyperglycemia or hypoglycemia.
9. [Name] must test in the classroom before lunch. All results must be recorded. He will be permitted to test at any other time, without incidence
10. If [Name] is experiencing HIGH Blood Sugar, he may need a shot of **Humalog** (Short-Acting Insulin). Doctor's orders will be kept in the Health Office with specific information about insulin dosage. A Parent must be notified if insulin is necessary.
11. The first attempt with respect to administering insulin should be to the mother. If the mother is not available, the nurse will administer insulin. The father must be contacted if the mother cannot be reached in order to notify him that insulin is being administered. [Name] is permitted to begin his lunch while the appropriate individuals are being contacted.
12. It is the parents' responsibility to alert the Nurse/School if [Name] has been experiencing Blood Glucose Results at home that are atypical.
13. It is the parents' responsibility to notify the Nurse/School if Medical Treatment changes. The parents must educate the Nurse on any new treatment, supplies or situations.

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14. Medical supplies will be kept in the Health Office and the classroom. It is the parents' responsibility to make sure that these supplies are plentiful and not expired. This may include: Blood Glucose Monitor, Test Strips, Lancing Device, Lancets, Ketone Strips, Insulin, Syringes, Inject-ease, Glucose Tablets, and any other equipment/food/drinks deemed necessary.
15. All school personnel will permit [Name] to eat a snack in the classroom or wherever he is (including but not limited to classrooms, gym, auditorium, playground, fieldtrips and bus.)
16. [Name]'s blood glucose monitor and fast acting sugar sources and snack must accompany the teacher on all fieldtrips.
17. [Name] must be provided with privacy for testing and insulin administration if he so desires.
18. [Name]'s diabetes should be kept confidential, except to the extent that he decides to openly communicate about it to others. He should not be asked to make a class presentation unless he is asked to prior to any such presentation in a private setting.
19. The school will notify the parent immediately if [Name] is to remain after school. A snack may need to be given.
20. [Name] will be permitted to carry and access freely a fast acting sugar source in the event that he feels low. He is not required to test himself prior to accessing this sugar source.
21. For Physical Education Class, [Name] will be given adequate time to test blood sugar and have a snack before class, without consequence.
22. In the event (other than rain which we anticipate will affect his exercise and the morning insulin is adjusted) that [Name] will not be participating in a scheduled recess, his blood sugars will rise (particularly after lunch). Since his eating schedule factors in the exercise that he is anticipated to participate in, all attempts will be made to ensure that there are no disruptions to this schedule. If there are, a parent must be notified so that they can be made aware of the potential need for additional insulin.
23. [Name] will be permitted, if necessary, to check blood sugar levels *before or during ANY Class or Standardized Tests*, to ensure appropriate BS levels (blood sugar levels above 220 mg/dl and below 80 mg/dl may affect cognitive abilities and attention levels). If his sugar levels are not within "Target Levels" he will be able to take his test at a later time or date without consequence.
24. If [Name] is unconscious and unable to eat, drink or swallow, he will need an injection of **Glucagon**. Specific instructions about the administration of Glucagon, an emergency treatment for severely low blood sugar, can be found in the Nurse's Office as well as in each Staff Folder. If Glucagon is administered, immediately dial 911 and contact the parents. It is suggested that in addition to the school nurse, at least 2 additional fulltime staff members be trained in the administration of glucagon.
25. An attempt will be made to have a parent attend all field trips which are within the lunch period (in the event insulin is necessary). If a parent cannot attend, the school nurse or a substitute nurse must attend.
26. Information on [Name]'s Diabetes will be included in all Substitute Teacher Plans. These teachers must be made aware that he has diabetes. The substitute must be made aware of his rights (bathroom - drinking - testing-snacking in class - going to the nurse).
27. There will be no penalty by the district for any diabetes related absences. These days will be marked as excused absences due to diabetes, as long as a doctor's note is provided.

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- 28. Teachers will inform student of any assignments missed while in the nurse's office. He will be given a reasonable amount of time to complete any such assignment.
- 29. Each staff member involved with this student will receive a copy of this 504 Plan.
- 30. This plan will be reviewed and changed as necessary. The parents and the school committee can change it. Each must agree to the conditions and sign and date the copy.

Additional Comments:

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\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

## Requirements of Section 504 for Sam

Grade: 7

Birth Date:

Initial 504 Plan:

Today's Date:

### Summary of Concerns and Past Interventions:

Sam is a general education student who has type 1 diabetes, which may interfere with normal school activities and requirements.

### Section 504 applies to Sam because of the following:

Type 1 Diabetes, as diagnosed by a physician, is a physiological disorder that affects the endocrine system. Type 1 Diabetes places the individual at risk for hypoglycemic and hyperglycemic episodes related to metabolic dysfunction. Potential fluctuations in blood glucose impact the individual's major life activities in the area of learning, which is one of the specific major life activities described in Section 504.

Both high blood sugar levels and low blood sugar levels affect Sam's ability to learn and perform in school, as well as seriously endangering his health. Blood glucose levels must be maintained in the 80-150 range for optimal learning and testing of academic skills. Sam has a recognized disability, Type 1 Diabetes, that requires the accommodations and modifications set out in this plan to ensure that he has the same opportunities and conditions for learning and academic testing as classmates, with minimal disruption of his regular school schedule and with minimal time away from the classroom. Steps to prevent hypoglycemia and hyperglycemia, and to treat these conditions if they occur must be taken in accordance with this Plan.

### Accommodations that are necessary for Sam:

1. Sam shall be permitted to use the bathroom without restriction.
2. Sam shall be permitted to have immediate access to water, including keeping a water bottle in his possession and being allowed to use the drinking fountain without restriction.
3. Sam shall be permitted to have snacks in the classroom.
4. Sam shall be permitted to leave class at any time to go to the office for diabetes related issues.
5. Sam shall have immediate access to blood glucose testing equipment and insulin, and shall be permitted to carry this equipment with him at all times.
6. Blood glucose tests may be done at any location in school, including, but not limited to the classroom, on school grounds, the cafeteria, at field trips or sites of extracurricular activities, or



## Requirements of Section 504 for STUDENT

### 2. Describe the basis for the determination of disability (if any):

Type 1 Diabetes, as diagnosed by a physician, is a physiological disorder that affects the endocrine system.

### 3. Describe how the disability affects a major life activity:

Type 1 Diabetes places the individual at risk for hypoglycemic and hyperglycemic episodes related to metabolic dysfunction. Potential fluctuations in blood glucose impact the individual's major life activities in the area of learning, which is one of the specific major life activities described in Section 504.

### 4. Describe the accommodations that are necessary:

1. STUDENT shall be permitted to use the bathroom without restriction.
2. STUDENT shall be permitted to have immediate access to water, including keeping a water bottle in her possession and being allowed to use the drinking fountain without restriction.
3. STUDENT shall be permitted to have snacks in the classroom.
4. STUDENT shall be permitted to leave class to see the nurse for diabetes related issues.
5. STUDENT shall have immediate access to blood glucose testing equipment and insulin, and shall be permitted to carry this equipment with her at all times.
6. Blood glucose tests may be done at any location in school, including, but not limited to the classroom, on school grounds, the cafeteria, at field trips or sites of extracurricular activities, or on the school bus.
7. STUDENT will be permitted to participate in all field trips and extracurricular activities (such as sports, clubs and enrichment programs) without restriction and with all of the accommodations and modifications set out in this plan.
8. If STUDENT is affected by high or low blood glucose levels at the time of regular or standardized testing, she will be permitted to take the test at another time without penalty.
9. If STUDENT needs to take breaks to use the water fountain or bathroom, do a blood glucose test, or to treat hypoglycemia or hyperglycemia during a test or a classroom assignment, she will be given extra time to finish the test or assignment without penalty.
10. STUDENT will not be penalized for absences or tardiness required for medical appointments, illness, visits to the nurse's office, or time necessary to maintain blood glucose control.

### 5. Goals and objectives of the program (if applicable):

Both high blood sugar levels and low blood sugar levels affect STUDENT's ability to learn and perform, as well as seriously endangering her health. Blood glucose levels must be maintained in the 80-180 range for optimal learning and testing of academic skills. STUDENT has a recognized disability, Type 1 Diabetes, that requires the accommodations and modifications set out in this plan to ensure that she has the same opportunities and conditions for learning and academic testing as classmates, with minimal disruption of her regular school schedule and with minimal time away from the classroom. Steps to prevent hypoglycemia and hyperglycemia, and to treat these conditions if they occur must be taken in accordance with this Plan, and with the attached Medical Information form, which has been provided by her parents to the school nurse, as well as medication orders on file in the nurse's office. These documents and appropriate procedures have been discussed and agreed upon in a conference between STUDENT's parents and the school nurse.



Address  
Address  
Home phone:  
Mom's work:  
Mom's cell:  
Dad's work:  
Dad's cell:

[Insert photo of child here]

Dear substitute teacher,

Hello! My name is [child's name]. I am a Kindergarten student in [Teacher's name] class, and I have Type 1 Diabetes. This means that my pancreas no longer produces insulin. I require regular blood glucose monitoring and insulin injections by the school nurse, [School Nurse's name], to maintain my blood glucose levels. Due to this condition it is important that you know the following information:

- I visit the school nurse several times per day to test my blood glucose levels. My blood glucose testing schedule is attached. The class aid, or another adult, needs to accompany me to the nurse's office.
- Hypoglycemia (low blood glucose levels) and hyperglycemia (high blood sugar levels) are both very serious conditions that need to be addressed immediately by the school nurse. If I am showing symptoms of high or low blood glucose levels, an adult must take me immediately to the Nurse's office. Symptoms of high/low blood sugar include:

<b>Low blood glucose symptoms (Hypoglycemia)</b>	<b>High blood glucose symptoms (Hyperglycemia)</b>
Shakiness, Drowsiness, Dizziness, Sweating, Hunger, Headache, pale skin color, sudden mood swings (including crying), poor coordination (clumsy and/or jerky movements), poor attention span/confusion, tingling sensation around mouth, seizure, loss of consciousness.	Excessive thirst, fatigue, weakness, frequent urination, blurry vision

If [School Nurse's name] finds my blood glucose is low, I will remain there and have juice or a snack and be retested in 15 minute intervals until my blood glucose level is within an acceptable range. If I am low it is important that I am not left alone until it has been determined that I have achieved normal levels. I must remain in the company of an adult if I am experiencing a low blood sugar level.

If [School Nurse's name] finds my blood glucose is high, I will remain there for a short time while she tests me and I drink additional water.

- If I have to leave school due to either a serious high or low blood sugar an adult should accompany me to the office. I should never go alone or in the company of another student.
- If a special event is taking place (e.g. class party), my parents need to be consulted in advance to determine if I can have the same treat as the rest of the class.

Please contact my parents or [School Nurse's name] with any questions that you might have regarding diabetes and my health plan.

Sincerely,  
[child's name]