Section 504

of the

Rehabilitation Act of 1973

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District 504 Coordinator:
CYNTHIA WALKER,
EXECUTIVE DIRECTOR of CURRICULUM AND INSTRUCTION
Shoemaker Education Center
P.O. Box 1009 • 753 NW Fort Sill Boulevard • Lawton, OK 73502-1009
(580) 357-6900, Ext. 243 • Fax: (580) 585-6468 • E-Mail: cynthiaw@lawtonps.org
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Section 504 of the Rehabilitation Act of 1973

Section 504 – The Law

This 1973 Federal law requires schools to provide a free appropriate public education (FAPE) to students who are considered to have a disability that substantially limits life functions. Section 504 reads in part as follows: “No otherwise qualified handicapped individual in the United States, as defined in section 706(6) of this title, shall, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. . .” (U.S.C. 794 The Rehabilitation Act of 1973.) The Office of Civil Rights (OCR) has been designated as the overseer and enforcement agency for this law.

The guidelines outlined on the following pages cover Section 504 evaluation, eligibility and accommodations for students in the Lawton Public Schools. Although all students who are identified under the Individuals with Disabilities Education ACT (IDEA) would also be covered under Section 504, all students who are eligible under Section 504 are not considered eligible under IDEA. Therefore, all 504 records are a part of the student’s cumulative record and are kept in the cumulative folder. Section 504 is a regular education program and should not be regarded as special education and supervised by the regular classroom teacher.
IDEA / 504
Relationship Diagram

Americans with Disabilities Education Act

Section 504

IDEA

Child Focus

School Focus

Community Focus

- Public Transportation
- Telecommunications
- Facilities
- Parents
- Employees
- Public Building
- Other Individuals
- Children
- Extra-Curricular
- Business
IDEA / 504 Flow Chart

Student Need

Consideration of IDEA

Disability adversely affects educational performances

Yes

IDEA Eligibility

Education reasonably designed to confer benefit.

Special Designed Instruction

Related Services

Individualized Education Program (IEP)

Free Appropriate Public Education (FAPE)

No

Not eligible

Consideration of Section 504

Handicap substantially limits one or more major life activities?

Yes

504 Protected

Education reasonably designed to confer benefit.

Reasonable Accommodations

Physical

Instructional

Specialized Education

Related Aides & Services

Accommodation Plan

No

Not eligible
Procedures for Identification, Eligibility & Services

Step One – Students Need
The school staff should consider whether or not a student’s need may be due to a disability and would possibly qualify for Section 504 protection at the following times:

- When a student shows a pattern of not benefiting from the instruction being given
- When retention is being considered
- When suspension or denial of services (e.g., transportation) is being considered
- When a student is evaluated and does not qualify for service under IDEA
- When a student is released from IDEA services
- When a student exhibits a chronic health condition
- When a disability of any kind is suspected
- When substance abuse has been an issue

These are examples and the list is not intended to be exhaustive.

Step Two – Consideration of IDEA
Follow the procedures outlined in the Policies and Procedures for Special Education in Oklahoma and by the Lawton Public Schools Special Services Department. Qualification for IDEA services requires evidence that the disability adversely affects educational performance. When the student is not eligible under IDEA, consideration may be given to eligibility under Section 504. When there is no suspicion of a disability under IDEA, the Eligibility for 504 Assistance should be completed (see Appendix.) Parental Rights for Section 504 (see Appendix) must be given at this time.

Example: A student who has juvenile diabetes or other health impairments may qualify for services under Section 504 but may not be eligible for special education under IDEA. When there is no suspicion of a disability under IDEA, the Eligibility for 504 Assistance may be completed first.

Step Three – Determination of Substantial Limitation
Eligibility for Section 504 accommodations rests on the determination of an impairment that substantially limits one or more of the major life activities which are: seeing, walking, hearing, learning, caring for one’s self, performing manual tasks, breathing, working, and possibly others. Documents supporting the sources of evaluation information must be attached to the eligibility determination form, for example, a report from a medical doctor who states the diagnosis of the health impairment. The team completes the 504 eligibility determination (see Appendix.) Parental Rights for Section 504 should be offered at this time.

Step Four – Accommodation Plan
When the team has determined the student to be eligible for 504 services, the Section 504 Accommodation Plan (see Appendix) will be completed and implemented. Possible accommodations are included in the Appendix.

Step Five – Annual Review
The Section 504 Accommodation Plan shall be reviewed annually by the 504 team. The 504 Notice of Conference should be used to document communication with parents regarding annual reviews.

Step Six – Record Distribution
All Section 504 forms will be distributed as follows:

- One copy is given to the parents.
- One copy is placed in the student’s cumulative folder.
- One copy is sent to the District 504 Coordinator (Cynthia Walker).
- One copy to Site 504 Coordinator.
504 Responsibilities For Administrators

- Monitor all 504 plans to ensure implementation.
- Hold annual reviews before 504 Accommodation Plans expire.
- Consider IDEA evaluation and/or 504 referral whenever a parent or teacher mentions the possibility of a disability.
- Continue to use the district’s medical/health form for medication and other health concerns.
- Designate a Site Coordinator for 504 if the principal is not the 504 Coordinator.

Definitions

Team: The 504 team must have the following team members
- Parent
- Regular education teacher
- Principal or principal’s designee

Optional participants may be chosen when they have relevant information to contribute such as the school counselor, school nurse, school psychologist, etc.

Individual with a Disability: “any individual who (i): has a physical or mental impairment which substantially limits one or more of such person’s major life activities, (ii) has a record of such impairment, (iii) is regarded as having such an impairment.” (20 I/S/C/ Sec/ 7-6(8))

Physical or Mental Impairment: “…(a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hermic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.” (34 Code of Federal Regulations part 104.3)

Substantially Limits: The phrase “substantially limits” is possibly the most critical part of the Section 504 eligibility process and is the most difficult to determine. All students who have health concerns should not qualify for Section 504 services. When a major life activity is substantially limited and the student cannot perform an activity that the average student of approximately the same age or grade level can perform, then the student would be eligible for a Section 504 Accommodation Plan.

Major Life Activities: Major life activities include: walking, talking, seeing, hearing, speaking, breathing, learning, working, performing manual tasks, sitting, reaching, stooping, and other.

When determining if the substantial limits requirement is met, school personnel should consider the impairments, nature and severity, duration, and any long-term impacts. Schools should remember that simply because a student is considered for 504 services does not mean he or she will be determined to be eligible. Likewise, just because a student is determined to have a disability does not automatically result in eligibility for 504 services and protection; a substantial limitation must result from the impairment.

T.E. Smith and J.R. Patton of Austin, TX have developed a process for assisting school personnel in making this decision. This procedure uses a Likert-type scale to determine the degree of severity and duration for various functional limitations. Using such a process can greatly facilitate arriving at a defensible eligibility decision. What school personnel must remember is that the primary determining factor is their professional judgment about the child’s functioning, not test scores, numerical indices, discrepancy formulas, and other quantitative data.
Information & Procedural Safeguards

Section 504 of the Rehabilitation Act of 1973 requires that:

“No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance.”

Section 504 applies to preschool, elementary, secondary, and adult education programs and activities that receive or benefit from Federal financial assistance for the operation of such programs or activities. Each recipient that operates a federally assisted public elementary or secondary education program must provide a free and appropriate public education to each qualified person in its jurisdiction, regardless of the nature or severity of the person’s disability. Recipients that operate a public elementary or secondary education program must also annually attempt to identify and locate unserved children with disabilities.

Section 504 regulations at 34 CFR 104.3 (j-1) defines a person with a disability as any person who: has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.

For purposes of public educational services, a qualified person with a disability is: of an age that persons with disabilities are provided such services; of any age that it is mandatory under state law to provide such services to persons with disabilities; or a person for whom a state is required to provide a free appropriate public education under the Individuals with Disabilities Education Act (IDEA).

Provision of an appropriate education is the provision of regular or special education and related services such that:

- Educational services are designed to meet individual educational needs of children with disabilities as adequately as the needs of non-disabled persons are met.
- Each child with a disability is educated with non-disabled children, to the maximum extent appropriate to the needs of the child with a disability.
- Nondiscriminatory evaluation and placement procedures are established to guard against misclassification or misplacement of students, and a periodic reevaluation is conducted of students who have been provided special education or related services.
- Procedural safeguards shall be established and implemented so that parents and guardians: receive notice with respect to actions regarding the identification, evaluation, or educational placement of children who, because of disability, need or are believed to need special instruction or related services; have the opportunity to review relevant records; may challenge the identification, evaluation and placement decisions made with respect to their children; and have the opportunity to participate and be represented by counsel in any subsequent impartial hearing and review procedures.

Provision of a free public education requires recipients that operate a public elementary or secondary education program to provide services without cost to the person with a disability, or to the child’s parents or guardians, except for those fees imposed on non-disabled persons, parents or guardians. It also means that, if a school district is unable to operate, the district is still responsible for the costs of the program, including tuition, room and board, transportation, and non-medical care.

An appropriate education could consist of education in regular classes, education in regular classes with the use of supplementary services, or special education and related services. Special education may include specially designed instruction in classrooms, at home, or in private or public institutions, and may be accompanied by such related services as developmental, corrective, and other supportive services, including psychological counseling and medical diagnostic services.

Children with disabilities must also be afforded an equal opportunity to participate in nonacademic and extracurricular services and activities such as counseling, physical education, recreational athletics, transportation, health services, recipient sponsored clubs, recipient employment and assistance in obtaining outside employment. These services must be provided by the recipient in such manner as is necessary to afford students with disabilities an equal opportunity for participation.

Elementary and secondary school recipients operating preschool and adult education programs may not exclude qualified persons with disabilities and must take into account their needs in determining the aid, benefits, or services to be provided under these program or activities.

The Office for Civil Rights of the United States Department of Education enforces the requirements of Section 504 of the Rehabilitation Act of 1973. The address of the Regional Office which includes Oklahoma is: Office for Civil Rights Region VI, U.S. Department of Health & Human Services, 1301 Young Street - Suite 1169, Dallas, TX 75202, Voice Phone (214) 767-4056; TDD (214) 767-8940; Fax (214) 767-0432.

Examples of 504 Accommodations

The accommodations/services a child receives will be based upon unique needs identified during the evaluation process. Many accommodations listed could be the parents’ or child’s responsibility.

Some disabilities listed in this section are special education categories. These disabilities could also be covered by Section 504/ADA.
Allergies

EXAMPLE: The child has severe allergic reactions to certain pollens and foods. The condition is substantially limiting to the major life activity of breathing.

Possible Accommodations

• Avoid allergy causing substance: soap, weeds, pollen, food.

• Inservice necessary persons: dietary people, peers, coaches, laundry for sports people (soap).

• Avoid using chalk boards.

• Avoid using perfume and hairspray.

• Provide clean rooms and avoid rooms with carpet.

• Allow time for shots/clinic appointments.

• Use air purifiers.

• Adapt physical education curriculum during high pollen time.

• Improve room ventilation. (When remodeling has occurred and materials may cause an allergy.)
ARTHRITIS

EXAMPLE: A child with arthritis may have persistent pain, tenderness or swelling in one or more joints. The condition is substantially limiting to the major life activity of performing manual tasks.

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Possible Accommodations

- Provide a rest period during the day.
- Accommodate for absences for doctor's appointments.
- Provide assistive devices for writing (e.g. pencil grips, non-skid surface, typewriter/computer, etc.)
- Modify physical education curriculum.
- Administer medication, as prescribed.
- Arrange for assistance with carrying books, lunch tray, etc.
- Provide book caddy.
- Implement movement plan to avoid stiffness.
- Provide seating accommodations.
- Allow extra time between classes.
- Provide locker assistance.
- Provide modified eating utensils.
- Develop health care plan and emergency plan.
- Provide time for massage or exercises that may be needed.
- Modify recess time.
- Provide peer support groups.
- Arrange for someone else to take notes.
- Install handle style door knobs (openers).
- Record lectures/presentations.
• Have teacher provide outlines of presentation.
• Issue velcro fasteners for bags, shoes, coats.
• Provide a more comfortable style of desk.
• Adjust attendance policy, if needed.
• Provide a shorter school day.
• Furnish a warmer room and sit child close to the heat.
• Modify curriculum for the lab classes.
• Supply an extra set of books for home use and keep a set at school.
• Let child give reports orally rather than written.
• Assign someone to monitor plan.
• Begin an awareness program for other children.
• Monitor any special dietary considerations.
• Modify the school curriculum, as necessary, i.e. in band assist in selecting instrument child can play.
• Make any needed bathroom accommodations.
• Accommodate for writing with a computer and note-taking with a tape recorder.
Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD)

EXAMPLE: The child does not meet eligibility requirements under IDEA as emotionally disturbed, learning disabled or other health impaired. The child is regarded as having ADD by a doctor, and the disability limits the major life activity of learning.

Possible Accommodations

- Adjust child seating.
- Use simple, concise instructions.
- Provide a peer tutor/helper.
- Teach compensatory strategies.
- Administer medication, as prescribed.
- Staff monitor stress and fatigue; adjust activities.
- Modify assignments.
- Change instructional pace.
- Provide supervision during transitions, disruptions, field trips.
- Use study guides, organizing tools.
- Modify testing procedures.
- Initiate frequent parent communication.
- Establish a school/home behavior management program.
- Provide training for staff and parents.
- Have the child use an organizer—train in organizational skills.
- Establish a cue between teacher and child.
- Assign chores/duties around room/school.
- Modify environment to avoid distractions.
• Have child work alone or in a study carrel.

• Highlight required or important information/directions.

• Place assignments or directions on tape for auditory learner.

• Provide a checklist for child, parents, and/or teacher to record assignments or completed tasks.

• Use a timer to assist child to focus on given task or number of problems in time allotted — stress they need to be done correctly.

• Have child re-state or write directions/instructions.

• Allow child to respond in variety of different modes, i.e. may place answers for tests on tape instead of paper.

• Give child opportunity to stand while working.

• Provide additional supervision to and from school.

• Modify child’s work area with barriers.

• Prescribe physical activity, exercise, etc.

• Determine trigger points and prevent action leading to trigger points.

• Provide a sociometric/sociogram design, such as circle of friends.
Cancer

EXAMPLE: A child with a long term medical problem may be given considerations to accommodate special needs. The condition is substantially limiting to the major life activity of caring for one's self.

Possible Accommodations

• Apply universal precautions.

• Adjust attendance policies.

• Limit number of classes taken; accommodate scheduling (breaks, etc.).

• Send teacher/tutor to hospital, as appropriate.

• Take whatever steps are necessary to accommodate child's involvement in extracurricular activities.

• Adjust activity level and expectations in classes based on physical limitations; don't require activities that are too physically taxing.

• Schedule daily monitoring or distribution of medications.

• Provide appropriate assistance technology.

• Provide dietary accommodations.

• Shorten day, arrange for home tutoring following treatment.

• Provide additional set of texts and assignments to hospital school.

• Tape lessons.

• Modify schedule to include rest breaks.

• Provide school counseling; establish peer support group.

• Adapt physical education.

• Provide access as needed to school health services.

• Provide awareness training to staff and children.

• Develop health care emergency plan to deal with getting sick at school.
• Offer counseling for death and dying.
• Adapt work load.
• Give child a separate bathroom.
• Provide an interactive computer/modem.
Cerebral Palsy

EXAMPLE: The child has serious difficulties with fine and gross motor skills. A wheelchair is used for mobility. The condition is substantially limiting to the major life activity of walking.

Possible Accommodations

• Provide assistive technology devices (computer).

• Arrange for use of ramps and elevators.

• Allow for extra time between classes.

• Assist with carrying books, lunch trays, etc.

• Modify physical education curriculum.

• Provide for physical therapy.

• Modify eating utensils.

• Initiate an emergency health care plan.

• Educate peers/staff.
Conduct Disorder

EXAMPLE: The child exhibits poor peer interactions, has no friends and isolates himself from group activities. The condition is substantially limiting to the major life activity of learning.

Possible Accommodations

• Teach cooperative learning strategies within the classroom.
• Work with the family to implement home/school behavior plan.
• Provide school counseling.
• Set up a behavior management plan.
• Provide outings and real life experiences.
• Arrange for small group situations.
• Furnish a big brother/sister program.
• Provide extra-curricular activities that interest the child.
• Monitor case management with human service.
• Pair with peer/tutor or role model.
• Provide peer support groups.
• Begin social skills instruction.
• Monitor and/or administer needed medications.
Emotionally Disturbed

EXAMPLE: A child who is emotionally disturbed may need an adjusted class schedule to allow time for regular counseling or therapy. The condition is substantially limiting to the major life activity of learning.

Possible Accommodations

- Administer medication. as prescribed
- Approve early dismissal to attend therapy.
- Maintain weekly/daily journals; self-recording of behavior.
- Establish home-school communication system.
- Schedule periodic meetings with home and treatment specialists.
- Provide carry over of treatment plans into school environment.
- Assist with agency referrals.
- Develop behavior management programs.
- Write contracts for child behavior.
- Post rules for classroom behaviors; teach expectations.
- Provide school counseling, social skills instruction.
- Ensure agency/school collaboration.
- Educate other children/staff/school personnel.
- Provide carryover treatment plans into home environment.
- Reinforce positive behavior.
- Schedule shorter study and work periods according to attention span expected.
- Be consistent.
Epilepsy

EXAMPLE: The child is on medication for seizure activity, but experiences several grand mal seizures each month. The condition is substantially limiting to the major life activity of learning.

Possible Accommodations

- Train staff and children and prepare an emergency plan.
- Monitor and/or distribute medications, as prescribed.
- Change seating.
- Provide rest time and academic considerations following seizure.
- Arrange buddy system.
- Provide an alternative recess.
- Provide education for peers.
- Inservice staff.
- Plan for academic make-up work, so individual can catch up with peers.
Example: The child frequently misses school and does not have the strength to attend a full day. This child has a disability which substantially limits the life activities of learning and caring for one's self.

Possible Accommodations

• Apply universal precautions.

• Administer medications, as prescribed.

• Adjust attendance policies.

• Adjusted schedule or shortened day.

• Provide rest periods.

• Adapt physical education curriculum.

• Establish routine communication with health professionals, school nurse, and home.

• Develop health care and emergency plan.

• Meet with doctor, parents, teachers, and administrators.

• Provide two way audio/video link between home and classroom.

• Modify assignments and tests.

• Provide an extra set of textbooks for home.

• Provide staff training on confidentiality.

• Provide education and support for peers regarding issues of death and dying.

• Tape books or provide a personal reader.

• Arrange for a support group.

• Provide employment transitions for secondary children.
- Develop supportive community attitudes regarding schools' need to provide education to HIV positive/AIDS children.

- Initiate a “Kids on the Block” AIDS program.

- Video-tape classroom teacher.

- Provide a peer support group to encourage communication.

- Provide technology at home with possible link to the school.
Leukemia

EXAMPLE: The child has recently been diagnosed with leukemia and requires frequent hospitalization. The condition is substantially limiting to the major life activity of learning and caring for one's self.

Possible Accommodations

- Provide a teacher/tutor to the child's home.
- Provide the child with a shorter school day, as needed.
- Make needed accommodations during physical education/recess.
- Provide rest areas.
- Supply the proper diet.
- Furnish school counseling, as necessary.
Obesity

Example: A child has an extreme eating disorder that may require special accommodations. Obesity may be considered a disability under Section 504/ADA when it substantially impairs the major life activities of walking and breathing.

Possible Accommodations

• Provide special seating modifications.

• Make dietary modifications.

• Adjust meals schedule.

• Adapt physical education program.

• Allow extra time to get to classes.

• Adapt rest rooms.

• Begin a peer support group.

• Ensure privacy for self-care.

• Provide school counseling.

• Provide for elevator privileges or other accommodations—for example individuals in wheelchairs or with other disabilities that prevent them from using stairs.

• Arrange classroom furniture to provide room to negotiate and move around classroom seating.

• Address busing concerns to ensure room on buses for seating.

• Arrange to provide opportunities for the individual to participate in intramural events.

• Make any class location changes that may be needed.
Orthopedically Impaired

Example: The child has limited mobility and is confined to a wheelchair. The condition is substantially limiting to the major life activity of walking.

Possible Accommodations

- Develop a health care and emergency plan.
- Implement an adaptive physical education program.
- Provide physical therapy at school.
- Check facilities regarding physical accessibility.
- Provide extra time to get to class.
- Supply a set of textbooks for home.
- Provide a copy of class notes from a peer.
- Practice emergency exit from school building.
Temporarily Disabled

EXAMPLE: A child was in an automobile accident and will be homebound and/or hospitalized for a period of time. The child is considered temporarily disabled under Section 504/ADA and should receive accommodations if this disability substantially limits a major life activity.

Possible Accommodations

- Provide duplicate sets of texts.
- Tape lessons.
- Provide homebound instruction.
- Schedule periodic home-school meetings.
- Arrange for child to leave class early to get to next class.
- Provide access to elevators.
- Adapt physical education program.
- Arrange for a friend to assist child in getting from class to class (support network).
- Organize school counseling — trauma from accident.
- Arrange for peer notes.
- Provide help with getting lunch tray.
- Change seating arrangements to accommodate needs.
- Modify completion of assignment.
- Allow more time allowed for test completion.
- Allow shortened days, adjust attendance policy.
- Address special accommodations of a wheelchair.
- Provide peer assistance for social involvement (keep child informed of social activities).
Tourette’s syndrome

EXAMPLE: The child exhibits inappropriate gestures and sounds in the classroom and hallways. The condition is substantially limiting to the major life activity of learning.

Possible Accommodations

• Pair with a fellow child for study.
• Educate other children about associated outbursts.
• Arrange for frequent parental interaction.
• Medication administration, as prescribed.
• Provide supervision for transition activities.
• Modify assignments.
• Provide alternative work space.
• Initiate time out.
• Cue child of inappropriate behavior.
• Provide peer inservice.
• Furnish supervision while child is acting out.
• Inservice teachers about different discipline procedures.
• Provide appropriate space for the child to act out episode.
• Make staff and children aware “with parental involvement.”
Traumatic Brain Injury

EXAMPLE: The child sustained a brain injury in an automobile accident. Many academic and motor skills have been lost from the injury. The condition is substantially limiting to the major life activity of learning, performing manual tasks, and/or caring for one's self.

Possible Accommodations

• Provide extended school year/time.
• Furnish memory/organizational aids.
• Provide alternative testing.
• Initiate tutoring programs.
• Prepare for an emergency plan.
• Inservice staff and peers.
• Provide a monitoring process.
Attention Deficit Disorder (ADD)
Questions & Answers
1. Q. What is ADD?
A. Attention Deficit Disorder (ADD) is a neurobiological disability. It is characterized by attention skills that are developmentally inappropriate; impulsivity; and, in some cases, hyperactivity.

2. Q. Are all children with ADD automatically protected under Section 504?
A. No. Some children with ADD may have a disability within the meaning of Section 504; others may not. Children must meet the Section 504 definition of disability to be protected under the regulation. Under Section 504, a “person with disabilities” is defined as any person who has a physical or mental impairment which substantially limits a major life activity (e.g., learning). Thus, depending on the severity of their condition, children with ADD may or may not fit within that definition.

3. Q. Must children thought to have ADD be evaluated by school districts?
A. Yes. If parents believe that their child has a disability, whether by ADD or any other impairment, and the school district has reason to believe that the child may need special education or related services, the school district must evaluate the child. If the school district does not believe the child needs special education or related services, and thus does not evaluate the child, the school district must notify the parents of their due process rights.

4. Q. Must school districts have a different evaluation process for Section 504 and the IDEA?
A. No. School districts may use the same process for evaluating the needs of children under Section 504 that they use for implementing IDEA.

5. Q. Can school districts have a different evaluation process for Section 504?
A. Yes. School districts may have a separate process for evaluating the needs of children under Section 504. However, they must follow the requirements for evaluation specified in the Section 504 regulation.

6. Q. Is a child with ADD, who has a disability within the meaning of Section 504 but not under the IDEA, entitled to receive special education services?
A. Yes. If a child with ADD is found to have a disability within the meaning of Section 504, he or she is entitled to receive any special education services the placement team decides are necessary.

7. Q. Can a school district refuse to provide special education services to a child with ADD because he or she does not meet the eligibility criteria under the IDEA?
A. No.

8. Q. Can a child with ADD, who is protected under Section 504, receive related aids and services in the regular educational setting?
A. Yes. Should it be determined that a child with ADD has a disability within the meaning of Section 504 and needs only adjustments in the regular classroom, rather than special education, those adjustments are required by Section 504.
9. Q. Can parents request a due process hearing if a school district refuses to evaluate their child for ADD?
   A. Yes. In fact, parents may request a due process hearing to challenge any actions regarding the identification, evaluation, or educational placement of their child with a disability, whom they believe needs special education or related services.

10. Q. Must a school district have a separate hearing procedure for Section 504 and the IDEA?
    A. No. School districts may use the same procedures for resolving disputes under both Section 504 and the IDEA. In fact, many local school districts and some state education agencies are conserving time and resources by using the same due process procedures. However, education agencies should ensure that hearing officers are knowledgeable about the requirements of Section 504.

11. Q. Can school districts use separate due process procedures for Section 504?
    A. Yes. School districts may have a separate system of procedural safeguards in place to resolve Section 504 disputes. However, these procedures must follow the requirements of the Section 504 regulation.

12. Q. What should parents do if the state hearing process does not include Section 504?
    A. Under Section 504, school districts are required to provide procedural safeguards and inform parents of these procedures. Thus, school districts are responsible for providing a Section 504 hearing even if the State process does not include it.
The student has type ____ diabetes. Diabetes is a serious, chronic disease that impairs the body's ability to use food. Insulin, a hormone produced by the pancreas, helps the body convert food into energy. In people with diabetes, either the pancreas doesn't make insulin or the body cannot use insulin properly. Without insulin, the body's main energy source – glucose – cannot be used as fuel. Rather, glucose builds up in the blood. Over many years, high blood glucose levels can cause damage to the eyes, kidneys, nerves, heart and blood vessels. Research has shown that these problems can be greatly reduced or delayed by keeping blood glucose levels near normal.

The majority of school-aged youth with diabetes have type 1 diabetes. People with type 1 diabetes do not produce insulin and must receive insulin through either injections or an insulin pump. Insulin taken in this manner does not cure diabetes and may cause the student's blood glucose level to become dangerously low. Type 2 diabetes, the most common form of the disease typically afflicting obese adults, has been shown to be increasing in youth. This may be due to the increase in obesity and decrease in physical activity in young people. Students with type 2 diabetes may be able to control their disease through diet and exercise alone or may require oral medications and/or insulin injections. Neither insulin nor other medications are cures for diabetes; they only help control the disease. All people with type 1 and type 2 diabetes must carefully balance food, medications, and activity level to keep blood glucose levels as close to normal as possible.

Low blood glucose (hypoglycemia) is the most common health emergency for students with diabetes. It occurs when the body gets too much insulin, not eating enough, a delayed meal or snack, or more than usual amount of exercise. Symptoms of mild to moderate hypoglycemia include tremors, sweating, lightheadedness, irritability, confusion and drowsiness. A student with this degree of hypoglycemia will need to promptly ingest carbohydrates and may require assistance. Severe hypoglycemia, which is rare, may lead to unconsciousness and convulsions and can be life threatening if not treated promptly.

High blood glucose (hyperglycemia) occurs when the body gets too little insulin, food is not covered by insulin or too little exercise; it may also be caused by stress, injury or an illness such as a cold. The most common symptoms of hyperglycemia are thirst, frequent urination, fatigue, and blurry vision. If left untreated, hyperglycemia can lead to a serious condition called diabetic ketoacidosis (DKA) characterized by nausea, vomiting and a high level of ketones in the urine. For students using insulin infusion pumps, lack of insulin supply may lead to DKA in several hours. DKA can be life-threatening and, thus, requires immediate medical attention.

Accordingly, for the student to avoid the serious short and long term complications of blood sugar levels that are either too high or too low, this Section 504 Plan (Plan), and the accompanying Diabetes Medical Management Plan (DMMP), must be carefully followed and strictly adhered to by responsible school personnel. To facilitate the appropriate care of the student with diabetes, school and day care personnel must have an understanding of diabetes and be trained in its management and in the treatment of diabetes emergencies. Knowledgeable trained personnel are essential if the student is to avoid the immediate health risks of low blood glucose and to achieve the metabolic control required to decrease risks for later development of diabetes complications.
OBJECTIVES/GOALS – DIABETES PLAN

Both high blood sugar levels and low blood sugar levels affect the student’s ability to learn as well as seriously endangering the student’s health. Blood glucose levels must be maintained in the _____ range for optimal learning and testing of academic skills. The student has a recognized disability, type _____ diabetes, that requires the accommodations and modifications set out in this plan to ensure that the student has the same opportunities and conditions for learning and academic testing as classmates, with minimal disruption of the student’s 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 student’s Diabetes Medical Management Plan, which is attached to this Section 504 Plan and incorporated into it.

REFERENCES

School accommodations, diabetes care, and other services set out by this Plan and the student’s Diabetes Medical Management Plan will be consistent with the information and protocols contained in the following documents:


DEFINITIONS USED IN DIABETES PLAN

1. **Diabetes Medical Management Plan (DMMP):** A plan that describes the diabetes care regimen and identifies the health care needs of — and services to be provided to — a student with diabetes. This plan is developed and approved by the student’s personal health care team and family. A DMMP is useful in addressing the requirements of applicable federal laws. Under Section 504, it is the school’s responsibility to ensure the prompt development of a 504 plan for students with diabetes who need assistance to receive proper diabetes care while at school. The assistance provided at school must be consistent with the orders of the student’s personal health care provider. Schools must do outreach to the parents and child’s health care provider if a DMMP or orders are not submitted by the family.

2. **Quick Reference Emergency Plan:** A plan that provides school personnel with essential information on how to recognize and treat hypoglycemia and hyperglycemia.

3. **Trained Diabetes Personnel (TDP):** Non-medical school personnel who have basic diabetes knowledge and have received training in diabetes care, including the performance of blood glucose monitoring, insulin and glucagon administration, recognition and treatment of hypoglycemia and hyperglycemia, and performance of ketone checks. This training should include the following content based on current standards of care for children and youth with diabetes recommended by the American Diabetes Association:

   - General overview of typical health care needs of a student with diabetes and how these needs are addressed in the student’s written care plans
   - Explanation/overview of type 1 and type 2 diabetes
   - The effect of balancing insulin, food, and exercise upon a student’s blood glucose levels
   - Procedures for routine care of individual students, including blood glucose monitoring, insulin administration, urine ketone testing, and recording results
   - Signs and symptoms of hypoglycemia and hyperglycemia and the short- and long-term risks of these conditions
   - Treatment of hypoglycemia and hyperglycemia
   - Insulin administration
   - Glucagon administration
   - Managing nutrition and exercise in the school setting
   - Tools, supplies, and equipment required for diabetes care and their storage
   - Legal rights and responsibilities of schools and parents/guardians
1. **HEALTH CARE SUPERVISION**

1.1. At least _____ adult staff members will receive training to be Trained Diabetes Personnel (TDP), and TDP will be available at all times during school hours, during extracurricular activities, and on field trips when the school nurse is not available to oversee the student’s health care in accordance with this Section 504 Plan and the student’s Diabetes Medical Management Plan, including performing or overseeing insulin administration, blood glucose monitoring, ketone checks, and responding to hyperglycemia and hypoglycemia including administering glucagon. A written back-up plan will be implemented to ensure that a TDP is available in the event that the school nurse is unavailable.

1.2. Any staff member who has primary care for the student at any time during school hours, extracurricular activities, or during field trips, and who is not a TDP, shall receive training that will include a general overview of diabetes and typical health care needs of a student with diabetes, recognition of hypoglycemia and hyperglycemia as described by the student’s Quick Reference Plan, and identity of school nurses and TDP and how to contact them for help. Primary care means that the staff member is in charge of a class or activity in which the student participates.

1.3. Any bus driver who transports the student must be able to recognize and respond to hypoglycemia and hyperglycemia in accordance with the student’s Quick Reference Emergency Plan.

2. **TRAINED PERSONNEL**

2.1 The following school staff members (including but not limited to school administrators, teachers, counselors, health aides, cafeteria and library staff) will be trained to become TDP by ______ (date):

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<thead>
<tr>
<th>NAME</th>
<th>POSITION</th>
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</table>
3. STUDENT’S LEVEL OF SELF-CARE

The student’s current ability to perform various diabetes self-management skills is indicated by activities check in the chart below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totally independent management (only requires adult assistance during severe hypoglycemia)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Student monitors blood glucose level independently</td>
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<tr>
<td>Student needs verification of blood glucose number by school nurse or TDP</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Blood glucose monitoring to be done by school nurse or TDP</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Student administers insulin independently</td>
<td></td>
<td></td>
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<tr>
<td>Student self-administers insulin with verification of dosage by school nurse or TDP</td>
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<tr>
<td>Insulin administration to be done by school nurse TDP</td>
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<tr>
<td>Student can independently program pump (i.e. set temporary basal rates, suspend, etc.)</td>
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<tr>
<td>Student needs assistance programming pump from school nurse or TDP</td>
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<tr>
<td>Student can independently change infusion and refill and prime pump reservoir</td>
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<tr>
<td>Student needs assistance with infusion set changes and pump reservoir refills and priming from school nurse or TDP</td>
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<tr>
<td>Student can independently change pump batteries</td>
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<tr>
<td>Students needs assistance with changing pump batteries from school nurse or TDP</td>
<td></td>
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<tr>
<td>Student can independently trouble-shoot pump alarms and codes</td>
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<tr>
<td>Student needs assistance with trouble-shooting pump from school nurse or TDP</td>
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<tr>
<td>Student self-treats mild hypoglycemia</td>
<td></td>
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<tr>
<td>Student requires assistance to treat mild hypoglycemia from school nurse or TDP</td>
<td></td>
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<td></td>
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<tr>
<td>Student monitors own snacks and meals</td>
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<tr>
<td>Snacks and meals to be supervised by school nurse or TDP</td>
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<tr>
<td>Student checks and interprets own ketones results</td>
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<tr>
<td>Ketones to be checked by school nurse or TDP</td>
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<tr>
<td>Student implements universal precautions</td>
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<td></td>
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<tr>
<td>Universal precautions to be supervised by school nurse or TDP</td>
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</table>
4. SNACKS AND MEALS

4.1 The school nurse or TDP, if school nurse is not available, will work with the student and his/her parents/guardians to coordinate a meal and snack schedule in accordance with the attached Diabetes Medical Management Plan that will coincide with the schedule of classmates to the closest extent possible. The student shall eat lunch at the same time each day, or earlier if experiencing hypoglycemia. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.

4.2 The parents/guardians will pack snacks for each day and will provide a supply of additional snacks to be kept at the school to treat hypoglycemia or for emergency situations.

4.3 All school personnel will permit the student to eat a snack in the classroom or wherever the child is (including, but not limited to classrooms, gym, auditorium, playground, field trips, and school bus) at times designated in the Diabetes Medical Management Plan and whenever needed to treat hypoglycemia or in response to a change in the student’s regular schedule. A source of glucose will be immediately available wherever the student is.

4.4 The school nurse or TDP ensure that the student takes snacks and meals at the specified time(s) each day.

4.5 The attached Diabetes Medical Management Plan sets out the regular time(s) for snacks each day, what constitutes a snack, when the student should have additional snacks, and where snacks are kept.

5. EXERCISE AND PHYSICAL ACTIVITY

5.1 The student should participate fully in physical education classes and team sports.

5.2 Physical education instructors and sports coaches must be able to recognize and assist with the treatment of hypoglycemia.

5.3 The student’s blood glucose meter, a quick-acting source of glucose, and water should always be available at the site of physical education class or team sports practices and games.

5.4 Physical education instructors and coaches will provide a safe location for the storage of the student’s insulin pump if the student chooses not to wear it during physical activity.
6. WATER AND BATHROOM ACCESS

6.1 The student 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.

6.2 The student shall be permitted to use the bathroom without restriction.

7. TREATING HIGH OR LOW BLOOD SUGAR

7.1 The student shall have immediate access to blood glucose monitoring equipment, insulin and syringes, insulin pump supplies, and to glucose in the form of food, juice, glucose gel or tablets in order to treat hypoglycemia. The student shall be permitted to carry this equipment with him/her at all times.

7.2 When any staff member believes the student is showing signs of high or low blood sugar, the staff member will seek the school nurse or TDP, if the school nurse is not available, for further assistance while making sure an adult stays with the student at all times. Never send a student with actual -- or suspected -- high or low blood sugar anywhere alone.

7.3 High or low blood sugar levels should be treated as set out in the attached Diabetes Medical Management Plan.

7.4 Any staff member who finds the student unconscious will immediately contact the school office. The office will immediately do the following in the order listed:

1. Contact the school nurse or a TDP, if the school nurse is not available, who will confirm the blood glucose level with a monitor and immediately administer glucagon (glucagon should be administered if no monitor is available);

2. Call 911 (office staff will do this without waiting for the school nurse or TDP to administer glucagon); and

3. Contact the student’s parent/guardian and physician at the emergency numbers provided below.

7.5 The location of supplies for treating high and low blood sugar levels, including equipment for monitoring blood glucose levels and ketones, glucagon, and snacks, is set out in the attached Diabetes Medical Management Plan.
8. BLOOD GLUCOSE MONITORING

8.1 Blood glucose monitoring will be done in accordance with the level of self-care listed in the chart in section 3 above and the attached Diabetes Medical Management Plan.

8.2 Blood glucose monitoring may be done at any location at 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.

8.3 Blood glucose monitoring will be done at the times designated in the student’s Diabetes Medical Management Plan, whenever the student feels that her blood sugar level may be high or low, or when symptoms of hypoglycemia or hyperglycemia are observed.

8.4 The student’s usual symptoms of high and low blood sugar levels are set out in the attached Diabetes Medical Management Plan.

8.5 The location of blood glucose monitoring equipment is set out in the attached Diabetes Medical Management Plan.

8.6 The school or TDP, if the school nurse is not available, will perform glucose monitoring when the student is unable or chooses not to monitor himself/herself.

9. INSULIN ADMINISTRATION

9.1 Insulin will be administered in accordance with the level of self-care listed in the chart in section 3 above and in attached Diabetes Medical Management Plan.

9.2 The location of insulin and equipment to administer insulin is set out in the attached Diabetes Medical Management Plan.

9.3 If student disconnects insulin pump to engage in physical education class or for any reason, appropriate arrangements for the safekeeping and security of the student’s insulin pump will be made by school personnel.

10. FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES

10.1 The 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, including necessary supervision by identified school personnel, set out in this Plan. The student’s parent/guardian will not be required to accompany the student on field trips or any other school activity.

10.2 The school nurse or TDP, if the school nurse is not available, will accompany the student on all field trips and extracurricular activities away from the school premises and will provide all usual aspects of diabetes care (including, but not limited to, blood glucose monitoring, responding to hyperglycemia and hypoglycemia, providing snacks and access to water and the bathroom, and administering insulin and glucagon).
10.3 The school nurse or TDP, if the school nurse is not available, will be available at the site of all extracurricular activities that take place both on and away from the school premises. The school nurse or TDP must be on the school premises or at the location where the activity is taking place whenever the student is participating in the activity.

10.4 The student’s diabetes supplies will travel with the student to any field trip or extracurricular activity on or away from the school premises.

11. TESTS AND CLASSROOM WORK

11.1 If the student is affected by high or low blood glucose levels at the time of regular testing, the student will be permitted to take the test at another time without penalty.

11.2 If the student needs to take breaks to use the water fountain or bathroom, check blood glucose, or to treat hypoglycemia or hyperglycemia during a test, the student will be given extra time to finish the test without penalty.

11.3 If the student 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, the student will be permitted to have extra time to finish classroom work without penalty.

11.4 The student shall be given instruction to help him/her make up any classroom time missed due to diabetes care without penalty.

11.5 The student shall not be penalized for absences required for medical appointments and/or for illness.

12. DAILY INSTRUCTIONS

12.1 The school nurse or TDP will notify parent/guardian _____ days in advance when there will be a change in planned activities such as exercise, playground time, field trips, parties, or lunch schedule, so that the lunch, snack plan, and insulin dosage can be adjusted accordingly.

12.2 The parent/guardian may send the school nurse or TDP special instructions regarding the snack, snack time, or other aspects of the student’s diabetes care in response to changes in the usual schedule.

12.3 Each substitute teacher and substitute school nurse will be provided with written instructions regarding the student’s diabetes care and a list of all school nurses and TDP at the school.

13. EMERGENCY EVACUATION AND SHELTER-IN-PLACE

13.1 In the event of emergency evacuation or shelter-in-place situation, the student’s 504 Plan and Diabetes Medical Management Plan will remain in full force and effect.
13.2 The school nurse or TDP, if the school nurse is not available, will provide diabetes care to the student as outlined by this Plan and the student’s Diabetes Medical Management Plan.

13.3 The school nurse or TDP will be responsible for transporting the student’s diabetes supplies, medication, and food to the evacuation or shelter-in-place designated location.

13.4 The school nurse or TDP will remain in contact with the student’s parents/guardians during an evacuation or shelter-in-place situation and provide updates about the student’s health status and receive orders and information from parents/guardians regarding the student’s diabetes care.

13.5 The student’s parents/guardians will be permitted to pick up the student without any unnecessary delays as soon as the student can be safely discharged.

14. EQUAL TREATMENT AND ENCOURAGEMENT

14.1 Encouragement is essential. The student must not be treated in a way that discourages the student from eating snacks on time, or from progressing in doing his/her own glucose checks and general diabetes management.

14.2 The student shall be provided with privacy for blood glucose monitoring and insulin administration if the student desires.

14.3 The school nurse, TDP, and other staff will keep the student’s diabetes confidential, except to the extent that the student decides to openly communicate about it with others.

15. PARENTAL NOTIFICATION

15.1 NOTIFY PARENTS/GUARDIANS IMMEDIATELY IN THE FOLLOWING SITUATIONS:

- Symptoms of severe low blood sugar such as continuous crying, extreme tiredness, or loss of consciousness.
- The student’s blood glucose test results are below _____ or are below _____ 15 minutes after consuming juice or glucose tablets.
- Symptoms of severe high blood sugar such as frequent urination, presence of ketones or blood glucose level above _____.
- The student refuses to eat or take insulin injection or bolus.
- Any injury.
- Other:
15.2 EMERGENCY CONTACT INSTRUCTIONS

1. Call the student’s home. If unable to reach parent/guardian:
2. Call the student’s parent/guardian’s cell or work phone. If unable to reach parent/guardian:
3. Repeat same steps with student’s other parent/guardian, if applicable. If unsuccessful:
4. Call the other emergency contacts listed above.
# CONTACTS - DIABETES

## EMERGENCY CONTACTS:

<table>
<thead>
<tr>
<th>Parent's/Guardian’s Name</th>
<th>Home Phone Number</th>
<th>Work Phone Number</th>
<th>Cell Phone Number</th>
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<tr>
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<th>Home Phone Number</th>
<th>Work Phone Number</th>
<th>Cell Phone Number</th>
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## OTHER EMERGENCY CONTACTS:

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<tr>
<th>Name</th>
<th>Home Phone Number</th>
<th>Work Phone Number</th>
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<thead>
<tr>
<th>Name</th>
<th>Home Phone Number</th>
<th>Work Phone Number</th>
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## STUDENT’S PHYSICIAN(S):

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<th>Name</th>
<th>Phone Number</th>
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This Plan shall be reviewed and amended at the beginning of each school year or more often if necessary.

## Approved and received:

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Date</th>
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<th>Date</th>
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Approved and received:

<table>
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<tr>
<th>School Representative and Title</th>
<th>Date</th>
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SECTION 504 FORMS
Section 504 of the Rehabilitation Act of 1973 is designed to eliminate discrimination on the basis of disability in any Program or activity receiving Federal financial assistance. Students eligible for 504 assistance are those who (1) have a physical or mental impairment which substantially limits one or more major life activities; (2) have a record of such impairment or (3) are regarded as having such an impairment. If you feel the student identified may qualify for civil rights protection under Section 504, please complete the following information.

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Grade:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>School:</td>
<td>Race (used for testing purposes):</td>
<td>Birthdate:</td>
</tr>
<tr>
<td>Parent(s):</td>
<td>Home Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Name of Person Submitting Referral</td>
<td>Position:</td>
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<tr>
<td>Describe student’s need or area of concern:</td>
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**SPECIAL EDUCATION (IDEA-B) STATUS: (Check one box only)**

- [ ] The student will be referred for special education evaluation.
- [ ] No referral to special education is necessary. No evidence exists to indicate the presence of a disability as defined by IDEA.
- [ ] The student has been evaluated by the special education team and does not qualify for special education services.
- [ ] The student has received special education services in the past, but no longer requires special education. Please check services provided:
  - Resource Class
  - Self-Contained
  - Occupational Therapy
  - Guidance
  - Special School Setting
  - Physical Therapy
  - Speech-Language
  - Other __

**SECTION 504**

The student is suspected of having a physical or mental impairment; has a record or such impairment; or is regarded as having such impairment which may substantially limit one or more of the following major life activities:

- [ ] Caring for one’s self
- [ ] Speaking
- [ ] Breathing
- [ ] Other ____
- [ ] Performing manual tasks
- [ ] Seeing
- [ ] Learning
- [ ] Working

**ACTION TAKEN**

- [ ] The student will be evaluated for possible 504 accommodations. Evaluation Assignments:
- [ ] No further evaluation at this time. Explain: _____

Additional Comments: _____

**SIGNATURES**

<table>
<thead>
<tr>
<th>Principal:</th>
<th>Date:</th>
<th>504 Site Coordinator:</th>
<th>Date:</th>
</tr>
</thead>
</table>
ELIGIBILITY DETERMINATION

Name of Child:       Birthdate:       Student ID:
Building/Site:       Race (Required for testing): Age: Grade: Date of Meeting:

1. Why is this student being considered for 504 eligibility?

2. Does the student have or appear to have a physical or mental impairment of any of the activities listed below?  Yes  No
   - Walking  Yes  No
   - Seeing  Yes  No
   - Learning  Yes  No
   - Hearing  Yes  No
   - Breathing  Yes  No
   - Performing Manual Tasks  Yes  No
   - Working  Yes  No
   - Talking  Yes  No
   - Taking care of oneself  Yes  No
   Other:

3. Does this condition substantially limit this student’s ability to receive an appropriate education?  Yes  No
   Explain:

4. List documents for the determination made in #2 and #3.
   If the answers to #2 and #3 are “No”, the student is not eligible for services under Section 504.
   If the answers to #2 and #3 are “Yes”, the student is a qualified student with a disability under Section 504.

ACCOMMODATION PLAN

1. Beginning Date:       Date Completed:
2. Review / reassessment due date*:

Areas of Need / Accommodations Results / Status Review Date

COMMENTS:

SIGNATURES

I have been informed of this plan and have received Section 504 information and procedural safeguards.

PARTICIPANT'S SIGNATURE**  POSITION  DATE

Principal
504 Site Coordinator
Parent
Parent

CC: Cynthia Walker, Shoemaker - Cumulative Folder - Site 504 Coordinator - Parent
Fiscal Year

STATUS LOG

Send copy to persons listed below:

- Parent
- Cynthia Walker, Shoemaker Education Ctr.
- Site 504 Coordinator
- Cumulative file
- Counselor
- Principal
- Current teachers of the student

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Student ID#</th>
<th>Grade:</th>
</tr>
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<tbody>
<tr>
<td>Race (required for testing):</td>
<td>Site:</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Confidential Record

SECTION 504

504 ACCOMMODATION

- A previous 504 Accommodation Plan on file
- Referral
- Eligibility Determination and Accommodation Plan
- Contact Information
- Parent Contact Log

RE-EVALUATION

- Current medical statement with diagnosis and prognosis
- Current grade from two or more teachers
- Previous 504 with signatures and review comments
- Eligibility Determination and Accommodation Plan
- Contact Information
- Parent Contact Log
**CONTACT INFORMATION**

Name of Student:  

Name of Parent(s)/Guardian(s):  

Home Address:  

Parent’s Email:  

Home Phone:  Work Phone:  Cell Phone:  

Site:  Site Phone:  

<table>
<thead>
<tr>
<th>Name of Teacher</th>
<th>Subject</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Site Coordinator</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**PARENT CONTACT LOG**

*(To be used when calling or meeting with parents)*

<table>
<thead>
<tr>
<th>Date:</th>
<th>Purpose of contact: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Making Contact:</td>
<td>Results: _____</td>
</tr>
<tr>
<td>Method of Contact:</td>
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