

Safety and Success at School:

504 Plans for T1D



What? Section 504 of the Rehabilitation Act of 1973 (504) and the Americans with Disabilities Act (ADA) are federal laws that prohibit discrimination against public school students with disabilities, including K–12 students with issues that affect attention and learning as well as higher education and workplace settings. At its core, Section 504 is a civil rights law targeted at providing access and removing obstacles.

A 504 Plan is a document created by a parent/guardian in conjunction with appropriate school representatives to outline ways the school environment can be modified to remove barriers to learning. It is a legally binding agreement with a school district to define procedures and responses for specific medical conditions.

A 504 Plan is different than an Individual Education Plan (IEP). While both plans apply to a school setting, a 504 Plan modifies the learning environment, such as allowing unlimited access to food, bathroom privileges and blood sugar testing in the classroom. An IEP modifies the curriculum to accommodate a student's learning and/or attention challenges, such as requiring less or different homework. If your child needs special education services, seek an IEP that also covers Type 1 Diabetes (T1D) needs.

Who? Federal law mandates that students with medical issues that could affect the ability to learn will qualify for accommodations necessary to promote the student's educational success and safety. T1D is one such condition, therefore it is covered by 504 and the ADA.

Section 504 broadly defines disability, which includes someone who:

- Has a physical or mental impairment that “substantially” limits one or more life activity (such as reading or concentrating). Students with T1D need constant attention to blood sugar levels, insulin, food and bathroom access to remain healthy and perform learning activities successfully.
- Has a record of the impairment. Written documentation of T1D from doctor or hospital is needed.
- Is regarded as having impairment or a significant difficulty that is not temporary. A chronic disease like T1D meets this definition.

Questions about 504 Plans? Contact:

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***Private/Parochial Students:** Private and parochial schools (provided they do not receive any federal funding or participate in federal programs such as school lunch or busing programs) have minimal required compliance. However, many private/parochial schools do create plans for students with medical needs so they can be safe and succeed in school.

Why? T1D can cause blood glucose levels to be too high or too low, both of which affect a student's ability to focus and learn and could, if not properly and effectively addressed, seriously endanger a student's immediate and/or long term health. Because T1D care is multi-faceted, the goals of a 504 Plan address: how to educate key staff persons who will be involved in the student's diabetes care; how care will be accommodated at school with the objective of maintaining blood glucose in the student's target range; and, how to respond appropriately to levels outside the target range. The 504 plan should cover day-to-day situations (test taking, late arrivals and sick days, make-up work, gym and playground activity), emergency response as well as extra-curricular activities/occasional events like after-school sports, field trips and class parties. On-site before/after-school care should be covered.

A 504 Plan can be initiated by a parent/guardian or by the school. Parents/guardians always have the right to participate in the creation and modification of a 504 Plan. One benefit of creating a 504 Plan for your child is that the key educators and support staff in your child's school life all come to know and understand diabetes care and the impact of this disease on daily life. The 504 serves both the student and the school and is the best proactive step available to see that your child with T1D is safe at school and has a plan for educational success.

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Also, some children may be in a supportive school with staff who are familiar with T1D issues and accommodations. As staffing changes, however, accommodations may go unsupported. Another benefit of a 504 Plan would cover situation changes, including times when knowledgeable staff are unavailable as well as a host of other potential issues as well as usual daily diabetes care.

How? To initiate a 504 Plan for your child, contact the school principal who will likely make a referral to a specific staff person (for instance, an intervention specialist or school psychologist). After the initial contact, paperwork would be prepared prior to the initial 504 committee meeting. (You may find information and paperwork about 504 Plans on your school district website.) You will need documentation of diabetes diagnosis as well as doctor/hospital/clinic information about diabetes, needed supplies, insulin dosing and other pertinent diabetes care information. (Cincinnati Children's Hospital Endocrinology offers a "Back to School" packet, which is available upon request.) When materials are gathered, the case manager organizes a meeting of school nurse, social worker, teacher(s), maybe principal or other administrator, parent and child, if mature enough to participate, and an intervention specialist or school psychologist. The parent/guardian should bring a list of issues to be addressed. (See list of potential discussion points.)

Remember: Your child has a legal right to a 504 Plan. The school must create a plan if requested and must comply with agreed upon accommodations. Go to the 504 meeting

prepared with specific requests you would like included. You are the primary voice for your child's needs. Be firm in your advocacy, but work with the school. Do not think of the meeting as an adversarial environment to make enemies of the staff. Still, only sign the 504 Plan when you agree with what it includes. If compliance is lax, know the appropriate chain of command for complaint. However, a gentle reminder of agreed upon accommodations is often all that is needed.

When? A 504 Plan can be initiated at any time and for a child of any age. Ideally, a 504 should be established as soon as the family is stable post diagnosis. It helps to be established in care processes that work for your child and to know what doesn't work so all those issues are addressed in the meeting. Creating the first 504 Plan is the most time consuming and work intensive. It is easiest to proactively create a 504 Plan when things are going well with care needs at home and school, which is when stress is low. If things are not going well with diabetes care at school, creating a 504 Plan means a reaction to a situation with the aim of investigating solutions—typically when stress is greater.

Once established, a 504 Plan is reviewed, revised, renewed and signed at the beginning of each school year. Many schools now keep the document electronically and it can be forwarded easily on to the next case manager or school. Because you cannot assume this transfer is happening or the document is current each year, the parent/guardian should have evidence of the agreed upon 504 at the beginning of each school year.

For more information, visit:

- <http://typeonenation.org/resources/newly-diagnosed/t1d-toolkits/> (School Advisory Toolkit)
- <http://education.ohio.gov/Topics/Other-Resources/Diabetes-Management>
- http://www.ohiolegalservices.org/public/legal_problem/students-schools/education-accommodation-for-disabilities/qandact_view,
- <https://www.cincinnatichildrens.org/patients/child/special-needs/education/school/504>
- <http://www.t1everydaymagic.com/newly-diagnosed-going-back-to-school-after-a-type-1-diagnosis/>

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What to Put in a 504 Plan

Federal law gives students the right to receive the diabetes care they need to be safe and participate in school activities just like any other child.

Schools **should** provide the following:

- Trained staff to monitor blood glucose levels and administer insulin and glucagon
- Trained staff to provide diabetes care during field trips, extracurricular events and all school-sponsored activities
- Capable students permitted to self-manage their diabetes anytime, anywhere

Schools **should not**:

- Make family members go to school to care for a student's diabetes
- Transfer students to a different school to get needed diabetes care
- Prevent students with diabetes from participating in field trips, sports and other school-sponsored activities

T1D CARE KIT: First, and foremost, make sure your T1D is wearing a medical alert at all times. It is also helpful to create a classroom care package for your child. In a clear snack or sandwich bag put a paper with your child's name, picture, diabetes information and very concise instructions on symptoms of high or low blood sugar and to call 911 first in case of unconsciousness. Include parent/guardian contact information and some quick acting glucose tablets, fruit snacks or juice box. Create a care bag for each classroom, buses they ride, before/after school care, extracurricular, playground. Creating these packages and delivering them directly to different classrooms/situations can be accommodated in the 504 Plan.

What to consider in a 504 Plan:

1. Provision of diabetes care
2. Student's level of self-care, carrying supplies and extra supplies
3. Snacks and meals
4. Exercise
5. Water and bathroom access
6. Checking blood glucose levels, insulin and medication administration, and treating high or low blood glucose levels
7. Field trips, playground, extracurricular activities, before/after school care
8. Tests and classroom work
Note: Accommodations for diabetes care during standardized tests at school should be made. SAT and ACT offer accommodations too. Be sure to seek out this information early as you have to document the disability (available online).
9. Communication of issues and changes
10. Emergency care. Emergency evacuation and shelter-in-place
11. Notify parents/guardians immediately for situations...such as:
 - Symptoms of severe low blood sugar.
* Call 911 first for unconsciousness, then nurse, then parents
 - Student's blood glucose results are above _____ or below _____.
 - Symptoms of high blood sugar.
 - Student refuses to eat or take insulin injection/bolus.
 - Any injury.
 - Insulin pump malfunctions that cannot be remedied.
 - Other
12. Parent/Guardian and Emergency Contacts (all possible contact methods)
13. Student's health care provider