

**SECTION 504
INDIVIDUAL ACCOMMODATION PLAN**

Plan date: _____

Projected review date: _____

Student's Name: _____ DOB _____ Age: _____

SSN: _____ School: _____ Grade: _____

Parent/Guardian: _____ Phone: W/H _____

Address: _____

City: _____ State: _____ Zip: _____

Committee Members Present:

_____	_____
_____	_____
_____	_____
_____	_____

Describe the student's physical or mental impairment, including history and prognosis as appropriate

Describe the educational limitations experienced by the student as a result of this disability.

Describe the medical limitations experienced by the students as a result of this disability.

List any other limitations which may affect the student's activities while at school.

List the accommodations which are necessary for this student to participate in the educational program.

List any anticipated discipline problems which may result from the disability.

Describe positive behavioral interventions which will be used to address this behavior.

List consequences which may be used when this behavior occurs.

To be completed if parent/guardian attended meeting:

I was invited to participate in developing this plan for my child. I have reviewed this plan and have received a copy of the Notice of Section 504 Rights. I understand my rights as outlined on the Notice.

Parent/Guardian Signature

Date

To be completed if parent/guardian did not attend meeting:

Indicate date copies were sent to the parent to serve as actions proposed or refused:

Date sent: _____ Copies sent: _____ IAP _____ Evaluation Report(s) _____ Section 504 Rights

**Section 504 of the Rehabilitation Act
American with Disabilities Act (ADA)
Accommodation Plan**

Name: _____ DOB: _____ Grade: _____

School: _____ Date of meeting: _____

Dates the plan is in effect – from: _____ to: _____

Is the accommodation plan an:

1. Initial accommodation plan ___ 2. Re-evaluation ___ 3. Continuing ___

Is the student eligible for school attendance? Yes ___ No ___

Basis for determination as a qualified individual: _____
(evaluation information considered, i.e. medical records, academic evaluation, etc.)

Major Life Activity affected: _____
(Title 34 Education, 104.3 Definitions (2)(ii): *Major life activities* means functions such as: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.)

Indicate disability/impairment: _____

Educational Impact: _____

Check all the reasons/criteria that apply:

(Only one criteria needed to qualifies for a 504 plan)

1. Has a physical impairment or disabling condition, which substantially limits one of more of life activities. (Indicated in medical records, special education documentation, evaluations, etc.) _____
2. Has a record of their impairment from a variety of sources (Prior 504, medical documentation, Special Education documents, attitude, achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.) _____
3. Is regarded by others as having such impairment _____

The student is qualified for the development of a 504 Accommodation Plan? Yes ___ No ___
(If no, stop here - Send the Notice of Section 504 Non-Eligibility to the parents/guardian.)

The goals of this plan are:

List any specialized instruction needed to achieve goals of the plan:

Taking Least Restrictive Environment (LRE) into consideration, list the reasonable accommodations:

Designate in which classes, accommodations will be provided:

The monitoring schedule for this plan is:

Person responsible for implementation of this plan:

The progress reporting schedule for this plan is:

The review/reassessment date for this plan is:

Team Members:

Name:

Role/title/position:

I am aware and have participated in the development of this plan and I have received a copy of the Section 504 Parent and Student Rights.

Parent signature: _____ Date: _____

School personal signature (s) indicating that they have read and understand their responsibilities under this plan, and have received a copy of the plan.

School Personal signature: _____ Date: _____

_____ **Date: _____**

Signature of 504 Coordinator: _____

Signature of 504 Building Coordinator: _____

SAMPLE 504 PLAN DOCUMENT

Requirements of Section 504 for Child's Name

Name of School

Grade of Student

Birth Date: XXX

Today's Date: XXX

Child's Name is a general education student who has Dyslexia and Type 1 Diabetes, which may interfere with normal school activities and requirements.

Section 504 applies to Child's Name because of the following:

Dyslexia, as diagnosed by the Texas Scottish Rites Hospital, is a learning disability characterized by problems in expressive or receptive, oral or written language. Problems may emerge in reading, spelling, writing, speaking, or listening. Dyslexia is not a disease; it has no cure. Dyslexia describes a different kind of mind, often gifted and productive, that learns differently. Dyslexia is not the result of low intelligence. Intelligence is not the problem. An unexpected gap exists between learning aptitude and achievement in school. The problem is not behavioral, psychological, motivational, or social. It is not a problem of vision; people with dyslexia do not "see backward." Dyslexia results from differences in the structure and function of the brain. People with dyslexia are unique, each having individual strengths and weaknesses. Many dyslexics are creative and have unusual talent in areas such as art, athletics, architecture, graphics, electronics, mechanics, drama, music, or engineering. Dyslexics often show special talent in areas that require visual, spatial, and motor integration. Their problems in language processing distinguish them as a group. This means that the dyslexic has problems translating language to thought (as in listening or reading) or thought to language (as in writing or speaking).

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.

Dyslexia combined with Diabetes can work off of each other to make matters worse. Dyslexia causes stress, which causes blood glucose levels to rise. Both high blood sugar levels and low blood sugar levels affect Child's Name's ability to learn and perform in school, as well as seriously endangering his/her health. Blood glucose levels must be maintained in the 80-150 range for optimal learning and testing of academic skills.

Child's Name has two recognized disabilities, Dyslexia and Type 1 Diabetes, that require the accommodations and modifications set out in this plan to ensure that she/he has the same opportunities and conditions for learning and academic testing as classmates, with minimal disruption of his/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.

DYSLEXIA Accommodations that are necessary for Child's Name:

1. That his/her Reading and English teacher review the video "How Difficult Can This Be? Also known as "F.A.T. City".
2. Provide in advance the book titles necessary for reading so we may have ample time to order them on tape and have additional time to work through the assignment.
3. Only call on his/her in class to read aloud or offer an answer if she/he is raising his/her hand.
4. Permit written assignments be done with dictation software and submitted in a typed format.
5. Give extended time for, or shortened assignments in, reading, spelling, and written expression.
6. Avoid penalizing for spelling errors in subjects, except pre-approved words in language arts.
7. Avoid classmate checking in English and Reading so not to embarrass his/her with his/her peers.
8. When possible, provide his/her with written notes or worksheets so that she/he does not have the burden of copying from the board thus minimizing the amount of material that she/he needs to copy.
9. During the test, be available to read words, sentences, or to paraphrase questions as needed.

DIABETES Accommodations that are necessary for Child's Name:

1. Child's Name shall be permitted to use the bathroom without restriction.
2. Child's Name shall be permitted to have immediate access to water, including keeping a water bottle in his/her possession and being allowed to use the drinking fountain without restriction.
3. Child's Name shall be permitted to have snacks when and wherever she/he needs them.

4. Child's Name shall be permitted to leave class at any time to go to the office for diabetes related issues.
5. Child's Name shall have immediate access to blood glucose testing equipment and insulin, and shall be permitted to carry his/her insulin pump and diabetes supplies with his/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. Child's Name 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 Child's Name is affected by high or low blood glucose levels at the time of regular or standardized testing, she/he will be permitted to take the test at another time without penalty. High blood glucose is defined as over 220 and low blood glucose as under 70.
9. If Child's Name 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/he will be given extra time to finish the test or assignment without penalty.
10. Child's Name will not be penalized for absences or tardiness required for medical appointments, illness, visits to the office, or time necessary to maintain blood glucose control.
11. Child's Name will be granted a laminated Nurse Pass that she/he can use at any time and place during school activities in order to get the care she/he needs on an immediate basis.
12. At least 3 adult staff members will be trained to administer glucagons
13. Use of his/her Palm Pilot to keep track of his/her diabetes data and maybe schedules and class assignments.
14. Each teacher will receive a packet of information about diabetes, the insulin pump and emergency low treatments along with a juice box and a tube of frosting.

Signatures and Indication of Agreement:

EMERGENCY CONTACTS:
