# NOTE: This sample 504 plan includes many things that your child may or may not be utilizing for their diabetes care. Read through carefully and made additions/deletions to this document if required, and consult your medical team as needed.

# 504 Plan for the *[YEAR]* School Year

Student Name:

Date of Birth:

School:

Grade:

Teacher’s Name:

Date of Disability Determination:

**Emergency Contact Information:**

Parent/Guardian:

Parent/Guardian:

Other Emergency Contacts:

Student’s Healthcare Provider:

* *[Student’s Name]* has type I diabetes. This is a condition in which the pancreas is unable to make insulin. Without insulin, the body cannot change glucose (sugar) into the energy needed for survival. To compensate for the lack of natural insulin, the student will need to take injections of insulin or administer insulin using an insulin pump. To check blood sugar levels, the student will need to use a glucose meter or consult their continuous glucose monitor (CGM), and may also require the use of a cell phone for specific diabetes-related needs.
* With the help of a qualified adult, *[Student’s Name]* uses their insulin pump or an injection to administer the doses of insulin they need to match the carbohydrates in the food they eat (called a ‘bolus’) and the amount their body needs without food (called ‘basal rates’).
* *[Student’s Name]*’s basal rates and boluses must be balanced with their meals, snacks, and regular physical activity. To consistently achieve this balance, they must check their blood sugar frequently. Depending on the daily classroom schedule, *[Student’s Name]* will need to check their blood glucose level before snack, lunch, recess, and before and after physical education class, as well as when they question if any symptoms indicate high or low blood sugar.
* While *[Student’s Name]* is achieving independence in self-management of their diabetes, the adults who work with them will need to be supportive and understanding about the daily regimen. Their self-care needs will be integrated into the school day so there are minimal interruptions in the learning environment.
* Blood glucose levels must be maintained in the 80-180 mg/dL range for optimal learning and testing of academic skills.
* *[Student’s Name]*’s behavior may be related to blood glucose levels. *[PLEASE LIST SYMPTOMS YOUR CHILD EXPERIENCES WHEN HIGH OR LOW.]*
* When *[Student’s Name]* is excited and/or stressed, as in a testing situation, their blood glucose can potentially go up. When their blood glucose is high (over 180 gm/dL), their body responds by trying to decrease this glucose level. They may become thirstier as their body is acting to dilute or flush out the extra sugar. They need to drink more water and then urinate more frequently.
* The learning environment is altered when *[Student’s Name]* must stop an activity to test their blood sugar, go to the bathroom, eat a snack, or get a drink of water.

# Information/Communication

* All teachers will be notified each year that *[Student’s Name]* has diabetes and will be instructed on what to do in the event of a hypoglycemic reaction.
* If a concern arises regarding *[Student’s Name]*’s health or academic progress as affected by diabetes, there will be no hesitation to arrange a meeting among appropriate school personnel and parents.
* Teacher’s substitute teacher folder will contain information regarding *[Student’s Name]*’s diabetes.
* *[Student’s Name]*’s parents will continue to send in all supplies for any insulin pump, blood glucose monitoring, and ketone monitoring. Parents will provide necessary supplies to treat hypoglycemia and severe hypoglycemia.
* The nurse will notify *[Student’s Name]*’s parents when supplies are getting low.

# Water and bathroom access

* *[Student’s Name]* shall be permitted to have access to water at all times.
* *[Student’s Name]* shall be permitted to use the bathroom without restriction.
* *[Student’s Name]*’s teacher will notify their parents if drinking or bathroom frequency seems excessive.

# Snacks and Meals

* *[Student’s Name]*’s parents will provide a chart listing the appropriate bolus amounts for correcting high blood sugar and the amount of bolus required for various carbohydrate counts in her meal or snack. *[Student’s Name]*’s parents will also provide a notebook for daily communication with the school nurse. The notebook will include the carbohydrate amounts in *[Student’s Name]*’s snack/lunch so the school nurse can calculate the appropriate bolus. The nurse will document blood sugar values and boluses given on a daily basis in the notebook.
* Parents will provide the school nurse with necessary supplies to treat hypoglycemia and severe hypoglycemia.
* All school personnel will permit *[Student’s Name]* to eat a snack in the classroom or wherever *[Student’s Name]* is (including, but not limited to classrooms, gym, auditorium, playground, field trips, and school bus) whenever needed to treat hypoglycemia.
* *[Student’s Name]* will be permitted enough time to finish their snack/meal.
* *[Student’s Name]* will be monitored at snack and lunchtime to ensure they finishes her meal or snack. If *[Student’s Name]* is unable to finish their snack or lunch, they will check with the nurse.
* The teacher will give *[Student’s Name]*’s parents advance notice of classroom parties or food.
* The teacher will check with the nurse before giving any extra snacks that might have been brought in by other students.

# Low Blood Sugar

* If *[Student’s Name]* has a hypoglycemic event, the teacher will give them a juice box in class. **When low blood sugar is suspected,** *[Student’s Name]* **must not be left alone. In the event of suspected low blood sugar, an adult, not a student, must accompany them to the nurse.** The nurse will treat their blood sugar in accordance with the physician protocol (which may include the administration of glucagon). If the nurse is not in the building, the principal or assistant principal will have *[Student’s Name]* check their blood sugar, treat per protocol, and then notify *[Student’s Name]*’s parents.
* *[Student’s Name]* will use the buddy system when out of the classroom.

# High Blood Sugar

* High blood sugar will be monitored closely and treated per physician protocol. Lack of insulin supply, which can occur with a pump malfunction or an occlusion in the tubing or infusion site, may lead to diabetic ketoacidosis (DKA) in several hours.

# Glucose Checks

* The goal is to minimize disruptions in *[Student’s Name]*’s regular school schedule and minimize time away from the classroom.
* A meter will be kept in the classroom and in the nurse’s office. The student may also be using a continuous glucose monitor, which may necessitate the use of a cell phone.
* Glucose checks will be administered according to the times in the medical protocol, any time *[Student’s Name]* feels their blood sugar may be high or low, and any time an adult suspects *[Student’s Name]*’s blood sugar is high or low.
* For the first two weeks of school, *[Student’s Name]* will report to the nurse’s office to check their blood sugar. *[Student’s Name]* will administer the test, and the nurse will verify and record the result. The nurse will assess technique, timeliness, and proper disposal of used strips and lancets.
* After the two-week transition period, *[Student’s Name]* will check their blood sugar in the classroom independently. The nurse will come to the classroom to verify and record the result.
* If the nurse has another situation which prevents them from coming to *[Student’s Name]*’s classroom, *[Student’s Name]* will bring their meter to the nurse’s office for the nurse to verify and record the result. It is assumed this will be an infrequent occurrence.
* If it is agreed by **all** parties that it is more logical for *[Student’s Name]* to test in the nurse’s office (for example, they pass the nurse’s office on the way to lunch), then they will check blood glucose in the nurse’s office at that time.

# Insulin

* All insulin pump and injection supplies will be kept in the nurse’s office.
* The nurse will calculate the bolus amount based on the carbohydrate information and bolus and high blood sugar ratios provided by *[Student’s Name]*’s parents.
* The nurse will verify the dose before *[Student’s Name]* administers it.

# Field Trips and Extracurricular Activities

* *[Student’s Name]* will be permitted to participate in all field trips and extracurricular activities without restriction.
* The teacher will notify *[Student’s Name]*’s parents of field trip dates as early as possible.
* If possible, a parent will accompany *[Student’s Name]* on class field trips. However, a parent will not be required to accompany *[Student’s Name]* on a field trip.
* If a parent is not able accompany *[Student’s Name]* on a field trip, someone who is qualified to administer all diabetes-related care will be provided by the school to accompany *[Student’s Name]*.

# Tests and Classroom Work

* *[Student’s Name]* will have access to school nurse whenever necessary.
* If *[Student’s Name]* is affected by high or low blood glucose levels at the time of regular or standardized testing, they will be permitted to take the test at another time without penalty.
* If *[Student’s Name]* needs to take breaks to use the water fountain or bathroom, perform a blood glucose test, or treat hypoglycemia or hyperglycemia during a test, they will be given extra time to finish without penalty.
* Similarly, if *[Student’s Name]* needs to take breaks to use the water fountain or bathroom, perform a blood glucose test, or treat hypoglycemia or hyperglycemia during class, they will be given extra time to finish classroom work without penalty.
* *[Student’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.

# Notification of Parents

Parents will be notified immediately in the event of:

* Severe hypoglycemia
* Blood sugar under [60 mg/dL or other low threshold] for more than [45 - TBD minutes]
* Vomiting or symptoms of extreme high blood sugar (over 400 mg/dL)
* Refusal to take medication or eat as scheduled
* Diabetes device malfunction
* Other:

This plan shall be reviewed and amended at the beginning of each school year or more often if necessary.

**Signatures and Indication of Agreement:**

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