Lesson 26

HOW TO WRITE A 504 PLAN

“I have to actually write a 504?”

Parent Phone Call

“Joshua's diabetes is acting up and he is in the hospital. He'll probably be in the hospital for another day or two. He is worried because he doesn't want to fall behind in his schoolwork. You know how much he dreads having to make up missed work. Is there a way we can work with his teachers so that he won't have to do all the homework? Also, the doctors mentioned that his routine will have to change quite a bit in order to stabilize his numbers. How do I go about communicating that to all of his teachers?”

Counselor: “Hi, Joan. I'm sorry to hear about Josh. He is such a great kid and works so hard. We haven't discussed this before because he hasn't needed one, but it sounds like putting a plan into place would be helpful. There is a process to help students who have chronic conditions like diabetes. Let's meet and I can explain the 504 process to you. I know it will be very helpful to both of you.”
Lesson Twenty-Six
How to Write a 504 Plan

“I have to actually write a 504?”

Essential Question: How do I write a comprehensive and accurate 504 Plan?

Objectives

Students will

• demonstrate the ability to write a 504 Plan.
• demonstrate knowledge of interventions to promote academic development and increase promotion and graduation rates.
• demonstrate use of collaboration in meeting students’ needs.

CACREP 2016 Standards

• Core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies (5.G.3.c)
• Interventions to promote academic development (5.G.3.d)
• Approaches to increase promotion and graduation rates (5.G.3.i)
• Strategies to promote equity in student achievement and college access (5.G.3.k)
• Techniques to foster collaboration and teamwork within schools (5.G.3.l)
• Strategies for implementing and coordinating peer interventions programs (5.G.3.m)

MPCAC Standards

• Assessment of human behavior and organizational/community/institutional systems
• Ecological, contextual, multicultural, social-justice foundations of human development
• Tests and measurements
• Traditional and social-justice-oriented research and evaluations

Video Spark

https://www.youtube.com/watch?v=pMK6cab3LRM

Why It’s Good to Have a 504 Plan

INTRODUCTION

The role of the school counselor is gaining clarity through the efforts of American School Counselor Association (ASCA) and school counselors across the states and evolving with the needs of each school district. One responsibility not previous in the prevue of the school counselor was writing 504 Plans. However, current practice and research support the occurrence of this phenomenon (Hamlet, Gergar, & Schaeffer, 2011). The responsibility of writing and monitoring 504 Plans has become part of the role of the school counselor in many districts. In light of this shift, it is essential that counselor education
programs prepare students for this task. This chapter will briefly review the purpose of the Section 504 regulation, address the prevalence and need for 504 Plans, and provide information on how to write a 504 Plan while keeping in mind that the requirements will vary from state to state.

SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 ensures that students with disabilities have access to a free appropriate public education (FAPE). The 504 Section of the Rehabilitation Act states “No otherwise qualified individual with a disability . . . shall solely by reason of her and his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance” (29 U.S.C. § 794). The prevalence of students needing 504 Plans is high and increasing. The Department of Education’s Office of Civil Rights reports that 433,908 students across the United States have 504 plans (U.S. Department of Education, 2013). To illustrate the need and complexities of students needing 504 Plans, this lesson will address students with chronic illness.

“Joshua is sick and in the hospital. They don’t know what’s wrong. He’ll probably be in the hospital for another day or two. I’m worried and we don’t want him to fall behind in his school work.”

Although nothing about an initial contact with a parent or caregiver of an ill child is typical, these are often the words school counselors will first hear. This is a frightening situation for parents, as their child is now in the health care system, an unfamiliar system in which parents have little or no control. Reaching out to the school is an understandable effort to “do something” in a more familiar and accessible environment. Early parent–counselor communication can provide support to the parent while building the foundation for future collaboration.

Interactions of this nature are occurring with greater frequency. As professional school counselors, what is our role and how do we best meet the needs of these students and families? As the incidence rate of chronic illness in children rises, the responsibilities and complexities of the role of the school counselor must expand to include this growing population. Although the majority of children in the United States are considered healthy, approximately 31% of school-age children are living with chronic illness (Centers for Disease Control and Prevention [CDC], 2015). With advancements in health care and emphasis on having students return to their normal routine, children with chronic illness are increasingly coping with both the challenges of their illness and the demands of a typical school day (Van Cleave, Gortmaker, & Perrin, 2010). The difficulties incurred while coping with chronic illness impact students' academic, social, and emotional development, thereby making the role of the school counselor even more complex.

Support for children facing these issues is within the realm of the entire school community. Leading the effort within this community is the school counselor.

As community leaders, school counselors initiate the support process through collaboration with the various professionals in the student's life and by providing responsive services to the student, the student's family, and the community. The American School Counselor Association's (2012) National Model provides the framework for the role of school counselors that includes providing responsive services that support students' academic, career, and social-emotional development. These responsive services encompass consultation, individual and group counseling, crisis counseling, referrals, and peer facilitation (ASCA, 2012). Students with chronic illnesses such as asthma, diabetes, epilepsy, allergies, cardiac conditions, and Addison's disease are in need of many, if not all, of these services (Van Cleave et al., 2010). Additionally, due to the nature of chronic illness, the services required may change frequently and must therefore be evaluated continuously in order to keep current with the fluctuations in a student's health.

Meeting the changing needs of this diverse student population calls for the use of a holistic, developmental, and systemic approach. Using the developmental systems theory, counselors can address the life stage and development of these students within the context of the various systems in their world (Lerner, 2005). This approach is especially salient when working with students with chronic illness.
Once a student becomes chronically ill, the number of systems in his or her world can expand exponentially within a matter of days due in large part to the additional health care systems. Furthermore, individual student characteristics, the unique nature of the illness, the developmental stage of the child, the phase of the illness, and the interaction of these different variables top the long list of potential developmental, systemic, and contextual factors affecting student adjustment. Subsequently, addressing the needs of these students demands a significant degree of cooperation and collaboration among the systems in the student’s life, with a keen awareness of and sensitivity to developmental factors (Powers, DuPaul, Shapiro, & Kazak, 2003).

Educating the whole child is a concept that emphasizes the need to provide students with an educational community that has the resources and personnel to meet their academic, social, emotional, and physical needs. The notion of educating the whole child has a substantial history in the field of American education and can be traced as far back as John Dewey in the early 20th century (Sidorsky, 1977). Support for this concept is evidenced through House Resolution 1093, currently before the United States Senate, that designates March as “National Whole Child Month.” Educating the whole child, by definition, incorporates the expertise of multiple professionals involved in the student’s life. Meeting the comprehensive needs of students with chronic illness takes this call for action to a higher standard.

The fields of education and health care embrace this holistic approach to meeting the complex needs of students with chronic illness. ASCA’s position statement (2013) indicates the professional school counselor advocates for students with special needs, participates in the multidisciplinary team, and collaborates with the family and other professionals involved in the child’s life. ASCA's statement clearly represents the importance of the counselor’s role in supporting students with chronic illness while highlighting the team approach and need for collaboration among all members of the school community. Hence, the school counselor’s role when working with students with chronic illness includes writing 504 Plans, coordinating appropriate services, and collaborating with other school, community, and health professionals.

This collaborative team determines whether a student is eligible for a 504 Plan. Specifically, an individual qualifies for a 504 Plan if the individual is diagnosed with a physical or mental disability, has a record or history of a disability, or is regarded as having a disability, and that disability substantially limits a major life activity. The Americans with Disabilities Act Amendments Act of 2008 (ADAAA) Section 504 does not provide an exhaustive list of major life activities. However, examples of major life activities for a child in school are learning, sitting, standing, walking, talking, and self-care.

“Substantially limits a major life activity” means limiting an individual when compared with people in the general population. A major life activity does not have to be severely or significantly limited to be considered substantially limited. The United States Equal Opportunity Commission indicates that the concept of “substantially limited” should be construed broadly with the primary focus on avoiding discrimination of an individual with a disability.

Additionally, ADAAA prohibits consideration of the ameliorative effects of “mitigating measures” when assessing whether an impairment substantially limits a person’s major life activities with one exception. For example, the use of a medication cannot be considered when assessing the impact of an individual’s disability; however, the exception to this rule is the use of eye glasses or contacts (U.S. Department of Labor, 2009).

504 PLANS: STEPS IN THE PROCESS

Section 504 regulations require a multidisciplinary team approach to making a determination about eligibility for a 504 Plan. The team is made up of people who are familiar with the student and knowledgeable about the assessment process and services.

Step 1: The Referral. The referral may be generated by an educator, parent, or other appropriate individual (e.g., physician). Dependent on the state and local regulations, the referral may be sent to
the school counselor (if they are overseeing the 504 process). If the referral is not from the parent, school districts should contact the parent to let them know that their child has been referred to the 504 Team. (See Appendix A.)

**Step 2: Assessment.** The multidisciplinary team gathers information on the student from a variety of sources (e.g., teachers, parents, doctor's notes, attendance records, state testing, and academic records). If additional information and assessments (that are not in the student's file) are needed to make an eligibility determination, parental consent is required.

**Step 3: Written Notice.** The school representation (e.g., school counselor, 504 coordinator) will send out a notification to the parents and the multidisciplinary team about the 504 meeting to be held in order to determine if the student is eligible for services under Section 504. (See Appendix B.)

**Step 4: Parental rights.** At this meeting, the parents will be given information on their rights in the 504 process.

**Step 5: Determine eligibility.** The team meets to determine if the student is eligible for services under Section 504. The team must determine if the student has a disability that is substantially limiting a major life activity (National Association of School Psychologists, www.nasponline.org).

**Step 6: Write the 504 Plan.** Once the student has been identified as eligible for a 504 Plan or an Individual Accommodation Plan (IAP), the team develops identified accommodations that will meet the student's needs. The accommodations are designed to provide the student with equal access to a free and appropriate education (FAPE) and extracurricular activities that the student is otherwise qualified to participate. (See Appendix C and Appendix D.)

**Step 7: Disseminate information.** If a child is identified as eligible for services under Section 504, the information regarding accommodations should be provided to the appropriate school personnel. Additionally, clarification of the accommodations should be provided as needed.

**Step 8: Monitor and Revise.** The school representative in charge of 504 plans will monitor the implementation of the plan. If revisions are needed, a 504 meeting will be held to review and determine how best to meet the student's needs.

**Activity:** The American Diabetes Association has comprehensively prepared a 504 Plan for a student with diabetes. Read this 504 Plan and develop one for a student at your site. Share this draft of a 504 Plan with your site supervisor. (See Appendix E.)

**REFERENCES**


National Association of School Psychologists: https://www.nasponline.org/

APPENDIX A

SAMPLE: 504 Referral form

Student Name: __________________________________________________ Grade: ______________________

Referral Source: _______________________________________________ Date: ______________________

REFERRAL INFORMATION

In order to be referred for a 504 Plan, a student must be suspected of having a physical or mental impairment that may substantially limit a major life activity when compared to the average student.

Please specify the major life activity and suspected limitations:

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Major life activity: The ADAAA Section 504 does not provide an exhaustive list of major life activities. However, examples of major life activities for a child in school are learning, sitting, standing, walking, talking, and self-care.

Substantially limits: “Substantially limits a major life activity” means limiting an individual when compared with people in the general population. A major life activity does not have to be severely or significantly limited to be considered substantially limited. The United States Equal Opportunity Commission indicates that the concept of “substantially limited” should be construed broadly with the primary focus on avoiding discrimination of an individual with a disability.
APPENDIX B

SAMPLE 504 Determination of Eligibility Meeting Form

Student: ______________________________________________________________  Grade: ____________

Date of Birth: ___________________________________________________________________________________

____ Initial Meeting ____ Annual Review Date: ____________________________________________

A. Referral Information Summary:

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

B. Sources of evaluation information (check each one used):

<table>
<thead>
<tr>
<th>Family interview</th>
<th>School health information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of school records</td>
<td>Medical reports</td>
</tr>
<tr>
<td>Standardized testing</td>
<td>Other</td>
</tr>
<tr>
<td>Response to Intervention data</td>
<td>Other</td>
</tr>
<tr>
<td>Teacher/Administrator/Staff reports</td>
<td>Other</td>
</tr>
<tr>
<td>Disciplinary records</td>
<td>Other</td>
</tr>
</tbody>
</table>

C. Mitigating measures: None_____ Yes, described below _____

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
D. Indicate the *major life activity* that is being substantially limited: (e.g., walking, reading, learning, concentrating, breathing, eating, lifting)

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

E. **Determination of Eligibility:** Based on the analysis of the evaluation data, does the student have a disability that is substantially limiting a major life activity?

___ Yes, the student is eligible for services under Section 504.

___ No, the student is not eligible for services under Section 504.

**Name/Signatures Position Date**


**DEFINITIONS**

*Major life activity:* The ADAAA Section 504 does not provide an exhaustive list of major life activities. However, examples of major life activities for a child in school are learning, sitting, standing, walking, talking, and self-care.

*Substantially limits:* Substantially limits a major life activity means limiting an individual when compared with people in the general population. A major life activity does not have to be severely or significantly limited to be considered substantially limited. The United States Equal Opportunity Commission indicates that the concept of “substantially limited” should be construed broadly with the primary focus on avoiding discrimination of an individual with a disability.
APPENDIX C

SAMPLE 504 Plan

Student: ___________________________ Grade: ______________________

Date of Birth: ____________________________

Strengths:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Weaknesses:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Person Responsible</th>
<th>Notes</th>
</tr>
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<tbody>
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APPENDIX D

SAMPLE 504 Plan

DEVELOPED BY THE AMERICAN DIABETES ASSOCIATION (ADA) AND THE DISABILITY RIGHTS AND DEFENSE FUND, INC. (DREDF, 2015)

MODEL 504 PLAN FOR A STUDENT WITH DIABETES

[NOTE: This model 504 Plan lists a broad range of services and accommodations that might be needed by a child with diabetes in school. The plan should be individualized to meet the needs, abilities, and medical condition of each student and should include only those items in the model that are relevant to that student. Some students will need additional services and accommodations that have not been included in this model plan.]

Section 504 Plan for __________________________

School __________________________ School Year:
Objectives/Goals of this Plan

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which affect the student’s ability to learn as well as seriously endangering the student’s health both immediately and in the long term. The goal of this plan is to provide the special education and/or related aids and services needed to maintain blood glucose within this student’s target range and to respond appropriately to levels outside of this range in accordance with the instructions provided by the student’s personal health care team.

REFERENCES

- School accommodations, diabetes care, and other services set out by this Plan will be consistent with the information and protocols contained in the National Diabetes Education Program Helping the Student with Diabetes Succeed: A Guide for School Personnel, June 2010.

DEFINITIONS USED IN THIS PLAN

1. **Diabetes Medical Management Plan (DMMP):** A plan that describes the diabetes care regimen and identifies the health care needs of a student with diabetes. This plan is developed and approved by the student’s personal health care team and family. Schools must do outreach to the parents and child’s health care provider if a DMMP is not submitted by the family [Note: School districts may have other names for the plan. If so, substitute the appropriate terminology throughout.]

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 been identified by the school nurse, school administrator, and parent who are willing to be trained in basic diabetes knowledge and have received training coordinated by the school nurse 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, and who will perform these diabetes care tasks in the absence of a school nurse.

1. **PROVISION OF DIABETES CARE**

1.1. At least _____ staff members will receive training to be Trained Diabetes Personnel (TDP), and either a school nurse or TDP will be available at the site where the student is at all times during school hours, during extracurricular activities, and on school sponsored field trips to provide diabetes care in accordance with this Plan and as directed in the DMMP, including performing...
or overseeing administration of insulin or other diabetes medications (which, for pump users includes programming and troubleshooting the student's insulin pump), blood glucose monitoring, ketone checks, and responding to hyperglycemia and hypoglycemia including administering glucagon.

1.2. Any staff member who is not a TDP and who has primary care for the student at any time during school hours, extracurricular activities, or during field trips shall receive training that will include a general overview of diabetes and typical health care needs of a student with diabetes, recognition of high and low blood glucose levels, and how and when to immediately contact either a school nurse or a TDP.

1.3. Any bus driver who transports the student must be informed of symptoms of high or low blood glucose levels and provided with a copy of the student’s Quick Reference Emergency Plan and be prepared to act in accordance with that Plan.

● TRAINED DIABETES PERSONNEL

The following school staff members will be trained to become TDPs by ______________________ (date).

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

STUDENT’S LEVEL OF SELF-CARE AND LOCATION OF SUPPLIES AND EQUIPMENT

3.1 As stated in the attached DMMP:
   (a) The student is able to perform the following diabetes care tasks without help or supervision:

       ____________________________________________

       ____________________________________________

       ____________________________________________

   and the student will be permitted to provide this self-care at any time and in any location at the school, at field trips, at sites of extracurricular activities, and on school buses.

   (b) The student needs assistance or supervision with the following diabetes health care tasks:

       ____________________________________________

       ____________________________________________

       ____________________________________________

   (c) The student needs a school nurse or TDP to perform the following tasks:

       ____________________________________________

       ____________________________________________

       ____________________________________________
3.2 The student will be permitted to carry the following diabetes supplies and equipment with him/her at all times and in all locations.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

3.3 Diabetes supplies and equipment that are not kept on the student and additional supplies will be kept at:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

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 DMMP 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 attached DMMP sets out the regular time(s) for snacks, what constitutes a snack, and when the student should have additional snacks. The student will be permitted to eat a snack no matter where the student is.

4.3 The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied to all students.

4.4 The parent/guardian will provide carbohydrate content information for snacks and meals brought from home.

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

4.6 Adjustments to snack and meal times will be permitted in response to changes in schedule upon request of parent/guardian.

● EXERCISE AND PHYSICAL ACTIVITY

5.1 The student shall be permitted to participate fully in physical education classes and team sports except as set out in the student's DMMP.

5.2 Physical education instructors and sports coaches must have a copy of the emergency action plan and be able to recognize and assist with the treatment of low blood glucose levels.

5.3 Responsible school staff members will make sure that the student's blood glucose meter, a quick-acting source of glucose, and water are always available at the site of physical education class and team sports practices and games.
**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. CHECKING BLOOD GLUCOSE LEVELS, INSULIN AND MEDICATION ADMINISTRATION, AND TREATING HIGH OR LOW BLOOD GLUCOSE LEVELS**

7.1 The student's level of self-care is set out in Section 3 above including which tasks the student can do by himself/herself and which must be done with the assistance of, or wholly by, either a school nurse or a TDP.

7.2 Blood glucose monitoring will be done at the times designated in the student's DMMP, whenever the student feels her/his blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed.

7.3 Insulin and/or other diabetes medication will be administered at the times and through the means (e.g., syringe, pen, or pump) designated in the student's DMMP for both scheduled doses and doses needed to correct for high blood glucose levels.

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

7.5 The student's usual symptoms of high and low blood glucose levels and how to respond to these levels are set out in the attached DMMP.

7.6 When the student asks for assistance or any staff member believes the student is showing signs of high or low blood glucose levels, the staff member will immediately seek assistance from the school nurse or TDP while making sure an adult stays with the student at all times. Never send a student with actual—or suspected—high or low blood glucose levels anywhere alone.

7.7 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 on site and immediately 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.**

7.8 School staff including 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 or any other activity.
8. FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES

8.1 The student will be permitted to participate in all school-sponsored 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.

8.2 The school nurse or TDP will be available on site at all school-sponsored field trips and extracurricular activities, 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), and will make sure that the student’s diabetes supplies travel with the student.

9. TESTS AND CLASSROOM WORK

9.1 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.

9.2 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 or other activity, the student will be given extra time to finish the test or other activity without penalty.

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

9.4 The student shall not be penalized for absences required for medical appointments and/or for illness. The parent will provide documentation from the treating health care professional if otherwise required by school policy.

10. COMMUNICATION

10.1 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.

10.2 Encouragement is essential. The student should be treated in a way that encourages the student to eat snacks on time and to progress toward self-care with his/her diabetes management skills.

10.3 The teacher, school nurse, or TDP will provide reasonable notice to parent/guardian 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.

10.4 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.
11. EMERGENCY EVACUATION AND SHELTER-IN-PLACE

11.1 In the event of emergency evacuation or shelter-in-place situation, the student's 504 Plan and DMMP will remain in full force and effect.

11.2 The school nurse or TDP will provide diabetes care to the student as outlined by this Plan and the student's DMMP, will be responsible for transporting the student's diabetes supplies and equipment, will attempt to establish contact with the student's parents/guardians and provide updates, and will receive information from parents/guardians regarding the student's diabetes care.

12. PARENTAL NOTIFICATION

12.1 NOTIFY PARENTS/GUARDIANS IMMEDIATELY IN THE FOLLOWING SITUATIONS:

- Symptoms of severe low blood sugar such as continuous crying, extreme tiredness, seizure, 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, vomiting, or blood glucose level above ___________.
- The student refuses to eat or take insulin injection or bolus.
- Any injury.
- Insulin pump malfunctions cannot be remedied.
- Other: __________________________________________

12.2 EMERGENCY CONTACT INSTRUCTIONS

Call parent/guardian at numbers listed below. If unable to reach parent/guardian, call the other emergency contacts or student’s health care providers listed below.

EMERGENCY CONTACTS

<table>
<thead>
<tr>
<th>Parent's/Guardian's Name</th>
<th>Home Phone #</th>
<th>Work Phone #</th>
<th>Cell Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>__________________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Parent's/Guardian's Name</td>
<td>Home Phone #</td>
<td>Work Phone #</td>
<td>Cell Phone #</td>
</tr>
<tr>
<td>________________________</td>
<td>__________________</td>
<td>__________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

Other emergency contacts:

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone #</th>
<th>Work Phone #</th>
<th>Cell Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
# Student's Health Care Provider(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

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

**Approved and received:**

Parent/Guardian Date

**Approved and received:**

School Administrator and Title Date

School Nurse