APPENDIX: Helping the Student with Diabetes Succeed: A Guide for School Personnel - Minnesota Supplement

Sample Plans for Students with Diabetes

DIABETES 504 PLAN (Saint Paul Public Schools)

DIABETES INDIVIDUAL HEALTHCARE PLAN (IHP)

SAMPLE ALGORITHM FOR MANAGING BLOOD GLUCOSE RESULT

DIABETES EMERGENCY CARE PLAN (ECP)

Type 2 DIABETES PREVENTION: REQUEST FOR DIAGNOSIS & PLAN

Section 504 Student Evaluation Summary

Student's Name: Date of meeting:

Student CIF: Date of Birth: Age:

School: Grade:

Name and school position of participants:

What is the student's disability?
Type 1 Diabetes
What is the major life activity?
Learning

Summary of evaluation data:
(Information from a variety of sources, such as teacher reports, standardized test scores, report cards, health records, attendance, and discipline records. How does this affect the student's education?)

Type 1 diabetes is a physiological disorder that involves the endocrine system. Potential fluctuations in blood glucose either hypoglycemic or hyperglycemic episodes can have an impact on cognitive abilities and 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.

Determination:

_ The student **does not** have a physical or mental impairment which substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. No accommodation is needed.

X The student has a physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

_ An Individual Accommodation Plan (IAP) will be developed.

_ Referral of the student into the Child Study process is recommended.

Building 504 Representative: Date:

COPIES: _ STUDENT 504 FILE _ PARENT _ DISTRICT 504 FILE

Section 504 Individual Accommodation Plan – IAP

Student's Name: Date of meeting:

Student CIF: Date of Birth: Grade :

School:

Describe the student's strengths and interests:

Describe the nature of the concern:

Type 1 diabetes, as diagnosed by a health care provider, is a physiological disorder that affects the endocrine system.

Describe how the student's disability affects a major life activity:

Potential fluctuations in blood glucose either hypoglycemic or hyperglycemic episodes can have an impact on cognitive abilities and 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.

MEDICATION/ TREATMENT:

Name of physician: Phone:

Medication(s):	Time(s):
Rapid acting insulin	With meals and snacks
Long acting insulin	**o** School **o** Home
Other:	**o** School **o** Home

Medications monitored by:

o School Nurse **o** Student **o** Parent **o** Other

Copies: _ Student 504 File o Parent o District 504 File

The 504 Team has evaluated the above named student and he/she has been determined to meet eligibility criteria for a qualified individual under Section 504 of the Rehabilitation Act of 1973. In accordance with the Section 504 guidelines, the school will make reasonable accommodations to address the student's individual needs by:

This form is to assist school staff in developing, providing and documenting accommodations for students with diabetes. The interventions are designed to keep the student safe while at school and on school sponsored outings (field trips). **Check the relevant accommodations** and document when completed.

General Accommodations	**Person Responsible**	**Date**	**NA**
❑ Obtain Diabetes Medical Management Plan from Health Care Provider			
❑ Develop Emergency Care Plan (ECP) listing symptoms and treatment of hypoglycemia and hyperglycemia. Keep copies of ECP in school health office and distribute to all relevant school staff.			
❑ Train health office back-up personnel in insulin administration, blood glucose testing, treatment of hypo and hyperglycemia, and emergency care of student. (not all back-up personnel are trained in insulin administration)			
❑ Insure that back-up personnel have list of contact information for school nurse and SPPS Student Wellness.			
❑ Assess student's level of self care and write Individual Health Plan (IHP) for student (Use checklist for guidance).			
❑ Blood glucose monitoring will be done according to the level of self care, and may be done at any time and any location at school including but not limited to the school health office, classroom, in the lunchroom, at field trips or sites of extracurricular activities, or on the school bus.			
❑ Insulin will be administered in accordance with the level of self-care. Insulin and equipment will be located in _____.			
❑ As the student desires, provide student with privacy for blood glucose monitoring and insulin administration.			
❑ If unconsciousness occurs, 911 will be called immediately and health staff or **trained** back-up will administer glucagon/glucagen**, if ordered**. Emergency numbers including parent will be contacted immediately.			
❑ The health office will provide the family with school diabetes record upon request..			
❑ Family will provide all supplies for blood glucose monitoring, administering insulin, and ketone monitoring. The health office will notify the family when supplies are getting low.			
❑ Other:			
Classroom Accommodations	**Person Responsible**	**Date**	**NA**
❑ Review ECP with classroom teacher and other relevant school staff, including how to respond to emergencies as outlined on the ECP.			
❑ Parent will provide a supply of snacks/glucose source to be kept at school to treat hypoglycemia or for emergency situations.			
❑ Ensure that a snack and a quick-acting source of glucose will always be immediately available to the student. The student will be able to eat in the classroom or wherever the child is when needing the source of glucose. Times			

for regular snacks will be established, if needed.			
❑ Student will have immediate access to water by keeping a water bottle in his/her possession and/or at the student's desk, and by permitting the student to use the drinking fountain without restriction.			
❑ Student will be permitted to use the bathroom without restriction.			
❑ Student will have access to blood glucose monitoring equipment and insulin and will be allowed to test and administer insulin without restriction. (State place where testing will be done and location of blood glucose monitoring equipment).			
❑ Student will be referred to health office when showing signs of high or low blood sugar and **will be accompanied by another student or adult as developmentally appropriate or per parent/student preference all the way to the health office**.			
❑ If the student is affected by high or low blood glucose at the time of regular school testing, the student will be permitted to take the test at another time without penalty			
❑ Student will be allowed extra time to finish any test, or classroom work without penalty if breaks are taken for diabetes care, water or bathroom.			
❑ Student shall be given instruction to help him/her make up any classroom time missed due to diabetes care and shall not be penalized for absences required for medical appointments.			
❑ Each substitute teacher will be provided with written instructions regarding the student's diabetes care.			
❑ Other:			
Accommodations for Gym, Recess, Prep Classes	**Person Responsible**	**Date**	**NA**
❑ Student should participate fully in physical education classes and team sports.			
❑ Phy Ed. Instructors and coaches will be instructed to recognize and assist with the treatment of hypoglycemia.			
❑ Student will eat a snack before exercise if ordered, and have a quick acting source of glucose and water available at the site of physical education class or team sports practices and games.			
❑ Phy Ed. Instructors or 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.			
❑ Other:			
Accommodations in the Cafeteria	**Person Responsible**	**Date**	**NA**
❑ Student will be allowed enough time to finish eating lunch.			
❑ Student will be able to go through lunch line first to facilitate carbohydrate counting.			
❑ School menus with carbohydrate grams listed will be available to families and health office staff .			
❑ Food consumption will be monitored by a school authorized adult to insure accurate carbohydrate counting. This person will report to the health office.			
❑ Other:			
Accommodations on the School Bus	**Person Responsible**	**Date**	**NA**
❑ The bus driver shall be aware of symptoms of hypo and hyperglycemia and be able to treat hypoglycemia and respond to an emergency situation by calling			

911.			
❑ Other:			
Accommodations for Field Trips	**Person Responsible**	**Date**	**NA**
❑ Student will be permitted to participate in all field trips and extracurricular activities without restriction and with all accommodations and modifications as noted in this plan. The student's parent/guardian will not be required to accompany the student on field trips or any other school activity. A parent or designee will be allowed to accompany the student, if desired by the parent.			
❑ The School nurse and parent/guardian will establish a plan for diabetes care of student while on field trip.			
❑ The parent and school nurse will be notified at least one week in advance of any field trip (at least 2 weeks if overnight) so plans can be made for diabetes care.			
❑ Other:			

Participants: (name and title, including parent/guardian)

_____

_____

_____

MUST BE COMPLETED

The Individual Accommodation Plan (IAP) will be reviewed on:

(IAP will be reviewed at least annually)

_____

Plan Manager's Name:

_____

Phone:

_____

School 504 Representative:

_____

Phone:

Copies: _ Student 504 File o Parent o District 504 File

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DIABETES
INDIVIDUAL HEALTHCARE PLAN (IHP)

Student Name: _____ Date: _____

Birth date: _____ Student ID No. _____ Grade/Room: _____

ASSESSMENT DATA: (check or circle if applicable)

Reviewed:
Diabetes Questionnaire ____ Diabetes Plan ____

Family Resources:
1. Primary Contact:_____
2. Type of Contact: Phone ___ Written___ In person___
   Email ___
3. MD follow-up: 1mo__ 3mo__ 6mo__ 9mo__ 12mo__
4. Has phone: Y / N / Sometimes
5. Has transportation Y / N / Sometime
6. Uses community resources: Y / N / Sometimes

Attendance Issues: School Y / N
Classroom Y / N

Student's Strengths:
developed age-appropriate self management skills ___
good problem solving ability ___
effective coping skills ___ good social skills ___
communicates needs ___ accepts diagnosis ___

Self Management:
1. **Meal Plan: Carb Counting:** Y / N **Scheduled snacks:** Y / N Time: _____ **Other:** _____
2. **Blood Glucose Monitoring:** Meter Type: _____ **Testing Independently:** Y / N
3. **Exercise Plan:** Extra Carbs for PE days: Y / N Amount:_____

Current medications:

Insulin type:	**Dose:**	**Time:**	**Delivery Method:**
_____	_____	_____	_____
_____	_____	_____	_____

Correction dose: ___units insulin per _____ above _____ mg/dl.
Student able to self-adjust insulin: Y / N Comment: _____

Oral diabetes agents:
Name:

NURSING DIAGNOSIS:

1. Potential for less than optimal school achievement due to diabetes management (D.M).
2. Potential for lack of knowledge about D.M.
3. Potential for future acute and chronic complications related to D.M.
4. Other (list)_____.

GOALS:

1. Increase knowledge &/or skills related to diabetes to maintain optimal blood glucose control.
2. Participate in regular school/class activities with modifications made as necessary.
3. Other (describe)_____

INTERVENTIONS:

	Annual Review: date:
☐ Provides standard of care and education as listed on diabetes health record:	Met: ☐ Not Met: ☐
☐ Provide individual education with staff regarding students unique needs:	Met: ☐ Not Met: ☐
☐ Extensive coordination among school, Health Care Provider, & family regarding diabetes management:	Met: ☐ Not Met: ☐
☐ Coordinate with school staff for classroom or school modification.	Met: ☐ Not Met: ☐
☐ Provide education to student/parent related to diabetes management and school attendance.	Met: ☐ Not Met: ☐
☐ Assist student to identify motivators/barriers related to diabetes self care.	Met: ☐ Not Met: ☐
☐ Assist student to develop appropriate decision making skills.	Met: ☐ Not Met: ☐
☐ Develop Emergency Care Plan for student (attached).	Met: ☐ Not Met: ☐
Comments:	

STUDENT OUTCOMES:

1. Student will participate in classroom/school activities with modifications as needed.
2. Student will improve or maintain understanding of checked items under Diabetes Education/Self Management Skills.
3. Other (list)_____

Licensed School Nurse Signature: _____ Date plan developed: _____