 School Plan EXAMPLE for Editing

Insert a photo of the student

**The purpose of this plan is to provide reasonable accommodations to prevent discrimination on the basis of disability.**

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| **Student Name: CHILD NAME** | **Diabetes Educator & Contact:** |
| **School:** | **Grade:** |
| **DOB:** | **Parent Name (1) & Contact:**  **Parent Name (2) & Contact:** |
| **Meeting Date:**  **What is the disability:** Diabetes |  |
| **Date of Original Diagnosis:** | **Specialist Name & Contact:** |

**Which of the major life activities is significantly impacted by the disability?**

**Learning Seeing Breathing**

**Walking**  **Speaking Performing manual tasks Hearing Working Caring for one’s self**

**List the characteristics of the disability that have an impact, or potential impact, on school.**

**List the reasonable accommodations the school can make to avoid discrimination and list the person(s) responsible for the accommodation.**

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| **CHARACTERISTIC:** | **Diabetes** |
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| **Impact:** | **CHILD NAME may miss school to attend doctor appointments, may miss material due to low glucose levels, and may need additional support due to diabetes-related symptoms.** |
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| **Accommodation:** | **1.      CHILD NAME’s Diabetes Medical Management Plan (DMMP) will be followed.** |
| **Accommodation:** | **2.      At least three school personnel will be trained in administering Glucagon, and either a school nurse or trained diabetes personnel will be on site at all times during school hours in case of an emergency glucagon administration. See the Diabetes Medical Plan for instruction.** |
|  | **3.      Glucagon, a meter, extra supplies, and snack/juice will be located in CHILD NAME’s backpack, the school office and her gym locker (during the semester she has Phys Ed).** |
|  | **4.      A copy of notes will be available, upon request from CHILD NAME, if she is not able to take notes due to high/low sugar.** |
|  | **5.      CHILD NAME will be permitted to use the bathroom without restriction.** |
|  | **6.      CHILD NAME shall be permitted to have immediate access to water, including keeping a water bottle in her possession and being allowed to use the drinking fountain without restriction.** |
|  | **7.      CHILD NAME will be permitted to have snacks in the classroom or any other place on campus. Snacks will be provided by CHILD NAME’s family.** |
|  | **8.      CHILD NAME shall be permitted to leave class at any time to go to the office for diabetes related issues. However, she will never be sent in the event of a low blood sugar emergency.** |
|  | **9.      CHILD NAME shall have immediate access to blood glucose monitoring equipment, hypoglycemia related items, insulin delivery system, and continuous glucose monitor, and shall be permitted to carry these items with her at all times (her pump, meter, and CGM may make noise).** |
|  | **10.   Blood glucose tests may be done at any location in school including but not limited to activities, school grounds, cafeteria, field trips, and extracurricular activities (such as sports) without restriction and with all the accommodations set out in this plan.** |
| **11.   If CHILD NAME is affected by a high or low blood sugar at the time of regular or standardised testing, he/she will be able to take the test at another time without penalty (range for blood glucose is 4-9).** |
| **12.   If CHILD NAME needs to take breaks or to use the water fountain, bathroom, perform a blood glucose test, or to treat a hypoglycemia or hyperglycemia during a class assignment or test, she will be given extra time to finish or retake the exam /assignment on another date. If CHILD NAME cannot complete the work due to her diabetes, CHILD NAME will be graded on what is completed without penalty but the full assignment will need to be completed at a later date. Teachers will be notified by parent if this should occur in the evening hours.** |
| **13.   CHILD NAME will not be penalised for tardiness or absences for her condition (Type 1 diabetes), illness, visits to the office, medical appointments, or time necessary to maintain blood sugar.** |
| **14.   Privacy by school staff/mobile phone use: CHILD NAME uses her mobile phone to communicate/text message medical information to her parent. No one will interfere with her ability to engage in this communication with her parent. School rules for mobile phone usage will be in effect when not communicating with her parent. The classroom phone will be made available to her in case of no mobile phone. CHILD NAME will be issues a “mobile phone pass” to indicate that she is authorised to carry a phone with her at all times.** |
| **15.   Physical education: The PE teacher will have on hand a BG monitor (glucagon shot) and snacks/juice (supplied by CHILD NAME’s family). This will allow CHILD NAME to participate with other students in activities. If CHILD NAME’s blood glucose levels are above 16, has ketones present, or below 3.9, she will not be permitted to participate in class activities. CHILD NAME will communicate this with the teacher. She will not be penalised due to her diabetes.** |
| **16.   School personnel involved with CHILD NAME, including substitute teachers, aides, and any others shall be made aware of this agreement and its contents.** |
| **17.   It will be helpful if teachers can notify CHILD NAME two (2) days prior to any academic testing so that she may adjust her insulin levels. This will help her maintain a healthier lifestyle and improve her academic performance.** |
| **18.   LUNCH: If CHILD NAME is below 4.4BG fifteen minutes before lunch, allow CHILD NAME to go to lunch. She is not allowed to walk alone if she is LOW.** |
| **19.   Cafeteria: School will provide CHILD NAME’s parent with all daily menus, including nutritional guidelines and carbohydrate information. This is extremely important to managing and properly dosing CHILD NAME’s insulin schedule for eating and exercising.** |
| **20.   CHILD NAME will be provided an extra set of textbooks that can be left at home.** |
| **21.   Call parent at numbers listed below. If unable to reach parent, call the other emergency contacts or student’s health care providers listed below:** |
| **Parent Name (1) & Contact:** |
| **Parent Name (1) & Contact:** |
| **Emergency Name (3) & Contact:**  **Emergency Name (3) & Contact:** |
| **Person Responsible:** | **Classroom teachers, CHILD NAME, school nurse** |

**Team Member Signatures and Titles: Date:**

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| **Parent:** | **Student:** |