

Student Name: _____ Date: _____

1. Describe the basis for the determination of disability:
Type 1 Diabetes, as diagnosed by a physician, is a physiological disorder that affects the endocrine system.
2. Describe how the disability affects a major life activity:
Type 1 Diabetes or Insulin Dependent 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.
3. Describe the accommodations that are necessary:
 - 1) *Student Name* shall be permitted to use the bathroom without restriction.
 - 2) *Student Name* shall be permitted to have immediate access to water, including keeping water bottle in his/her possession and be allowed to use the drinking fountain without restriction.
 - 3) *Student Name* shall be permitted to have snacks in the classroom, in her locker and a “low box” in the office or in her locker.
 - 4) *Student Name* shall be permitted to leave class to see the nurse (or designated aid) for diabetes related issues.
 - 5) *Student Name* shall have immediate access to blood glucose testing equipment and insulin, syringes and her insulin pump and shall be permitted to carry this equipment with him/her at all times.
 - 6) Blood glucose tests may be done at any location in or school property, including but not limited to the classroom, the cafeteria or sites of extracurricular activities.
 - 7) *Student 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 *Student Name* is affected by high or low blood glucose levels at the time of regular or standardized testing, she will be permitted to take the test another time without penalty.
 - 9) If *Student 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 will be given extra time to finish the test or assignment without penalty.
 - 10) *Student Name* will not be penalized for absences or tardiness required for medical appointments, illness, visits to the nurse’s office or time necessary to maintain blood glucose control.

4. Goals and objectives of the program:
Both high blood sugar levels and low blood sugar levels affect *Student Name* ability to learn and perform, as well as seriously endangering his/her health. Blood glucose levels must be maintained in the _____ range for optimal learning and testing of academic skills. *Student Name* has a recognized disability, Type 1 Diabetes, that requires 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 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 and with the attached Medical Information form which has been provided by her parents to the school, as well as medication orders on file in the school office. These documents and appropriate procedures have been discussed and agreed upon in a conference between *Student Name* parents, school counselor, school nurse and appropriate school staff.

In case of Emergency Contact:

Contact Name: _____ Phone: _____
 Contact Name: _____ Phone: _____
 Contact Name: _____ Phone: _____