

- Initiation of 504
- Continuation of 504
- Termination of 504
- Not Eligible for 504
- Health Plan Attached
- Behavior Plan Attached

**FRESNO UNIFIED SCHOOL DISTRICT**  
**504 ACCOMMODATION PLAN**  
**CONFIDENTIAL INFORMATION**  
*Send Plan to District 504 Coordinator*

Entered on ISM by  
 District 504 Office

\_\_\_\_\_  
**Date**      **Initials**

Today's Date: \_\_\_\_\_ Three Year Evaluation: Yes No Evaluation Due Date: \_\_\_\_\_

Student: \_\_\_\_\_ ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ M or F: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Resident Address \_\_\_\_\_

Guardian(s): \_\_\_\_\_ EL Re-designated? \_\_\_\_\_ Primary Language: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Counselor: \_\_\_\_\_ 504 Coordinator: \_\_\_\_\_

Nurse: \_\_\_\_\_ Psychologist: \_\_\_\_\_

Teachers: \_\_\_\_\_

I. **Present Level of Performance:** \_\_\_\_\_

II. **Documentation of Disability(ies):** *(Required for exiting Special Education, for 3 yr. or less include assessment, reports, observations, etc.)* Insulin Dependent Diabetes, See attached MD note.

III. **Describe how disability limits a major life activity (such as learning):** Inability to regulate blood glucose levels requires insulin to be given to keep student alive. Abnormal blood glucose levels can cause symptoms that interfere with learning.

IV. **Strength(s)** \_\_\_\_\_:

V. **Existing student concerns observed in the classroom/school setting:** \_\_\_\_\_

VI. **Suspensions:** #Days 0      **Absences:** #Days 0

VII. **List specific areas of weakness in achievement (if any):**

English Language Arts

Mathematics

History / Science

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Reading Comprehension  | <input type="checkbox"/> Number Sense             | <input type="checkbox"/> Investigation & Experimentation |
| <input type="checkbox"/> Word Analysis & Vocabulary   | <input type="checkbox"/> Operations               | <input type="checkbox"/> Physics and Motion              |
| <input type="checkbox"/> Literary Response & Analysis   | <input type="checkbox"/> Probability & Statistics | <input type="checkbox"/> Cell Biology                    |
| <input type="checkbox"/> Written and Oral Lang. Conv.   | <input type="checkbox"/> Geometry / Measurement   | <input type="checkbox"/> Physiology                      |
| <input type="checkbox"/> Writing Strategies   | <input type="checkbox"/> Algebra I & II           | <input type="checkbox"/> Sequence of Events              |
| <input type="checkbox"/> Reading Comprehension, Word Analysis and Vocabulary Development in all subject areas |   |  |
| <input type="checkbox"/> Written Language and Strategies in all subject areas                                 |   |  |

VIII. **Is student exiting Special Education?**     Yes  No    If yes, exit date: \_\_\_\_\_

IX. **Is student currently on an IEP?**     Yes  No    Date of IEP: \_\_\_\_\_

X. **Is student currently on a Behavior Plan:**     Yes  No    If yes, please attach

**Health**

Vision Date      Right 20/ \_\_\_\_     Pass  Fail  Unable      Glasses/Contacts  Yes  No  
                         Left 20/ \_\_\_\_     Pass  Fail  Unable      Color Vision     Pass  Fail  Unable

Hearing Date \_\_\_\_\_ Right  Pass  Fail  Unable      Hearing aids  Yes  No  
                         Left  Pass  Fail  Unable

Currently under health care?  Yes  No  
Medications:  Yes  No    If yes, home or school? \_\_\_\_\_  
Compliance?  Yes  No    (Continue on 504-J if necessary)

XI. **Accommodations for school (continue on form 504 – J if necessary):**

**1.** At least two school personnel at the school site will be trained in diabetes care and at least one will be available at all times when the student is on campus or participating in school activities. This includes the regular academic school day, field trips and extra-curricular activities. If trained staff is unavailable, notify administration and/or the school nurse, so additional providers shall receive training as to the care of a student with diabetes.

**2.** Diabetic supplies and equipment that are not directly with the student shall be stored in locked cabinet or drawer located in the school site health office. School personnel trained in diabetes care shall have access to the diabetes supplies anytime it is needed. If the student has sufficient means and proficiency to provide for their own diabetes care, they will be encouraged to continue to do so as ordered by health care provider and may carry diabetes supplies at all times and perform blood glucose testing and treating a low blood glucose with juice or food in the classroom, on the bus, during extra-curricular activities on and off campus.

- 3. Student will have permission to carry supplies and do glucose monitoring as scheduled and as needed throughout the day as detailed by the Diabetic Medical Management Plan (DMMP).
- 4. At times there may be a need for unscheduled glucose monitoring as determined by the nurse, teacher, school site staff and/or the student based upon the appearance of symptoms related to low or high blood glucose levels. If needed, student will be escorted to designated glucose testing area (If student is independent they should be allowed to test themselves). Student should not be left alone during actual or suspected low blood glucose levels.
- 5. Glucose monitoring testing may be done in a predetermined designated place of privacy if requested.
- 6. Student will have access to snacks and meals consistent with the DMMP. Every attempt will be made to have meals at the same time as all other students.
- 7. Student will have reasonable access to the restroom without penalty. If needed, student will be given a pass to carry with him/her at all times.
- 8. Student will be allowed to participate in classroom or school-wide field trips and extracurricular activities as all other students are allowed to participate in such programs. School site personnel trained in emergency diabetes care will be available to provide assistance if needed. Given the age, maturity level of the student and nature of the activity, school personnel trained in diabetes care or student will have needed diabetic care equipment and supplies. Trained diabetes personnel will have an exact location of where diabetic equipment and supplies are located at all times.
- 9. For purposes of this 504 plan, student's parent is under no obligation to serve as chaperone to provide diabetic care for their child during school activities, extracurricular activities or field trips.
- 10. Student will be given extra time to complete academic subject tests or PE participation if the student requires glucose testing or treatment during the process.
- 11. Student shall be given the opportunity to make up missed work with no penalty to academic grade per district policy. If additional time is needed, the school site will consider this on an individual basis. The actual deadline to complete will be an agreement between the teacher and the student.
- 12. Attendance is an important part of the education experience, thus student will be expected to attend school as any other student on the school site campus. In the event that absences related to the care and treatment of the disability occur, parent will bring notes from the treating physicians as to why the absences occurred. If excessive absences occur even with physician's notification, the school nurse and district attendance personnel will develop a plan that will assist in maximizing school attendance and participation.
- 13. Medical information is confidential and shared with involved staff on a need to know basis.

**XII. Accommodations for home** (*continue on form 504 – J if necessary*):

- 1. Snacks will be sent to school site from the parent or guardian who resides with the student. In addition parent will provide carbohydrate content information on snacks provided from home.

2. Parent will notify school site of changes to Diabetes Medical Management Plan and changes to overall medical health.
3. Parent will insure that student has a routine schedule at home to do homework. Homework should also be completed in a quiet place.
4. Parent will communicate with school site about homework completion and seek extra time to complete homework should it be needed.
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**XIII. California Smarter Balance Scores:**

*(Scores classified as of the following: Far Below Basic, Below Basic, Basic, Proficient, and Advanced):*

Subject	Most Recent Score	Date
<b>English Language Arts</b>		
<b>Math</b>		
<b>History / Social Science</b>		
<b>Science</b>		

**XIV. English Language Learner (CELDT Test)**

Subject	Most Recent Score	Date
<b>Listening &amp; Speaking</b>		
<b>Reading</b>		
<b>Writing</b>		

**XV. California High School Exit Exam (CAHSEE):**  Pass  Fail  Concerns *(list below)*

Subject	Score	Date	Pass or Fail
<b>English Language Arts:</b>			
<b>Mathematics</b>			

**XVI. Graduation Unit Requirements**

Subject	Requirement	Units Earned	Comments
<b>English Language Arts</b>	40		
<b>Mathematics</b>	10		
<b>Algebra / Geometry</b>	20		
<b>Social Science</b>	30		
<b>Science</b>	30		
<b>Physical Education</b>	20		
<b>Sociology</b>	5		
<b>Arts / Foreign Language</b>	10		
<b>US Gov / Economics</b>	10		
<b>Electives</b>	65		
<b>Total</b>	230		

XVII. **Graduation Requirements:** Is the student on track for graduation?  YES  NO

If the student is not on graduation track, please explain why and what is currently being done for the student to be on track: \_\_\_\_\_

XVIII. **Transition from High School to College / Vocational Employment**

Student Goals: \_\_\_\_\_

Referrals to outside agencies include:  Department of Rehabilitation  College / University DSSP  
 Social Security Office  Other \_\_\_\_\_

XIX. **Discipline:**

The student's disability would not cause him/her to violate school rules; therefore, the student will be accountable for following school rules.

The student's disability would not cause him/her to violate school rules so long as the student has appropriate behavioral accommodations in place. *(See attached Behavior Support Plan)*

XX. **Additional Meeting Notes**

\_\_\_\_\_

XXI.  Check here if 504 Student Success Team decides student does not qualify or no longer exhibits a substantial limitation in one or more life activities as stated under Section 504. *Indicate reason for termination of Section 504:*

\_\_\_\_\_

\*\* Provide to parent/guardian a written record of the meeting, including the reason the student does not qualify or no longer qualifies pursuant to Section 504. Place a copy of notification in the 504 folder. \*\*

XXII. **504 Plan Monitoring**

504 Plans are reviewed and updated on an annual basis, or sooner upon parent or staff request.

*Please list methods and activities that will contribute to monitoring this 504 plan:*

Review Physician orders, make changes to the plan as needed.

**XXIII. Parent/Guardian Receipt of Notice of Rights:**

I acknowledge that I have received a Notice of Parent and Student Rights and a letter informing me of due process procedures regarding Section 504, along with a copy of this plan.

\_\_\_\_\_

*Parent(s) Initials*

**XXIV. Meeting Signatures:**

_____ Parent/Guardian	_____ Date	_____ Teacher	_____ Date
_____ Administrator/Designee	_____ Date	_____ Teacher	_____ Date
_____ Psychologist	_____ Date	_____ Teacher	_____ Date
_____ Nurse	_____ Date	_____ Team Member	_____ Date
_____ 504 Coordinator	_____ Date	_____ Student	_____ Date

**Copies to:**

**Site 504 Coordinator, SST/504 folder, Cum Folder, District 504 Coordinator, Parents, Student Teacher(s), Specialist(s).**