

Community Consolidated School District XXX SAMPLE - Section 504 Plan

Student Name:	School/Grade:	Allergic to:
---------------	---------------	--------------

I. Referral Documentation

1. General Information

Student Name:	Birthdate:	Date:
Address:	City:	ZIP:
Parent (s) Name (s):	Home Phone:	
504 Coordinator:	Phone:	

2. Referral

- A. Is there a mental/physical impairment present that **substantially** limits one or more major life activities?
 Yes No

If yes, which major life activity is substantially limited? (check one or more as appropriate)

- | | | | | | |
|---|-----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> caring for self | <input type="checkbox"/> walking | <input type="checkbox"/> seeing | <input type="checkbox"/> hearing | <input type="checkbox"/> speaking | <input type="checkbox"/> breathing |
| <input type="checkbox"/> learning | <input type="checkbox"/> working | <input type="checkbox"/> eating | <input type="checkbox"/> lifting | <input type="checkbox"/> sleeping | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> bending | <input type="checkbox"/> thinking | <input type="checkbox"/> working | <input type="checkbox"/> standing | <input type="checkbox"/> reading | <input type="checkbox"/> communicating |
| <input type="checkbox"/> major bodily function (i.e. immune system, normal cell growth, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions) | | | | | |
| <input type="checkbox"/> other _____ | | | | | |

- B. Describe the nature of the concern. Life-threatening food allergy to (LIST ALLERGEN)

- C. Describe how the disability/handicap affects a major life activity. Exposure to identified allergens may cause anaphylaxis.

- D. Does the disability impact the student's ability to receive equal access and benefit from school programs and services? Yes No

If the eligibility team answered "Yes" to question 1 and 4 and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a 504 Accommodation Plan. The eligibility team is to proceed to Section 504 Accommodation Plan and complete pages 2, 3, and 4.

If the eligibility team answered "No", complete this eligibility meeting by documenting the team's rationale in the space below and complete page 4.

II. Evaluation and Eligibility Documentation

1. Review of Available Information (include test scores when appropriate)

- A. Summarize present levels of performance in areas evaluated. N/A

Community Consolidated School District XXX SAMPLE - Section 504 Plan

Student Name:	School/Grade:	Allergic to:
----------------------	----------------------	---------------------

B. Teacher reports/comments: N/A

C. Areas of concerns: Providing a safe school environment for CHILD.

D. Health and development:

Medical diagnosis of severe allergy to (LIST FOODS). CHILD developed (SYMPTOMS) after eating allergens.

E. Further information needed? Yes No

1) If yes, what information is needed?

2) Person responsible for obtaining information:

3) Date, time and place to reconvene meeting:

F. Evaluation was conducted by: (list names)

Principal	Parent
Classroom teacher	Parent
District Nurse	
School Nurse	

III. Specific Accommodations Needed

Describe the specific accommodations planned for this student, including the responsible party. These are just a few sample accommodations that might be made. These requirements would not be applicable to every student.

Accommodation Needed	Responsible Party	Date
A. Develop an emergency action plan for food allergies that is reviewed and signed by the physician and parent yearly.	School Nurse	
B. Follow guidelines created by Illinois public policy act 96-0349.		
C. Teachers and staff members must attend immediately to any complaint by CHILD regarding her health.	All Staff	
D. Be prepared to handle an allergic reaction and ensure that there is a staff member available who is properly trained to administer emergency medication(s) during the school day regardless of time or location.	School Nurse	
E. Keep an individualized emergency kit in an easily accessible, secure location in the nurse's office. An additional epi-pen will be kept in the classroom. The epi-pen will be carried by the supervising teacher to all locations CHILD travels to within the school and on the playground (walkie talkie must be utilized for all activities outdoors).	School Nurse	
F. Assure that all staff that interacts with the student on a regular basis understands food allergies, can recognize symptoms of an allergic reaction, and knows what to do in an emergency.	School Nurse	
G. Eliminate the use of food in all educational tools, art projects, or incentives. Incentives will take the form of a nonfood item.	Classroom Teacher Specialists	

Community Consolidated School District XXX SAMPLE - Section 504 Plan

Student Name:	School/Grade:	Allergic to:
----------------------	----------------------	---------------------

<p>I. CHILD will not be given any food at school that is not provided by her parents. No other food is to be consumed by CHILD under any circumstances. Students, staff, and parents entering the classroom must wash their hands or use a disposable wipe to remove any potential food residue (upon arrival to school and after returning from lunch). Students should also wipe /wash their hands after eating a snack.</p>	Classroom Teacher Specialists	
<p>J. Soaps, cosmetics, and other products used in classrooms where CHILD attends will be examined for LIST . Parent may check labels of products CHILD will be exposed to at school.</p>	Classroom Teacher Specialists	
<p>K. NO FOOD in classroom for projects containing any of CHILD’S allergens. Items that contain disclaimers such as “may contain” or “manufactured in a facility with” will not be used in the assigned classroom..</p>	Classroom Teacher Specialists	
<p>L. CHILD will not be asked to assume classroom tasks involving foods, waste products, or washing tables except in her immediate area.</p>	Classroom Teacher Specialists	
<p>M. If CHILD’S classroom is used as a lunchroom, all desks will be wiped down after lunch. CHILD’S desk will be wiped down before and after lunch. She will also use a disposable placemat.</p>	504 Coordinator	
<p>N. The table and stool CHILD sits at while in art will be wiped down with a cleansing wipe prior to her arrival in art. The art teacher or sub art teacher should closely observe CHILD during art class because she uses community art supplies.</p>	Art Teacher	
<p>O. A keyboard cover will be provided for CHILD for classroom computers and computers in the computer lab.</p>	504 Coordinator	
<p>P. CHILD will sit at the end of the lunch table. Students next to CHILD will have lunches that do not contain identified allergens. Parent will communicate with the parents of students sitting next to CHILD regarding allergen-free foods that can be sent in their child’s lunch.</p>	Parent Lunch Supervisor 504 Coordinator	
<p>Q. Designated person will wipe the table where CHILD sits before lunch with soap and water using a clean wipe.</p>	Designated Lunch Supervisor	
<p>R. Designated person will actively supervise the lunch area where CHILD sits.</p>	Designated Lunch Supervisor	
Other Individual Requirements should be listed here.		

Community Consolidated School District XXX SAMPLE - Section 504 Plan

Student Name:	School/Grade:	Allergic to:
---------------	---------------	--------------

IV. Procedural Assurances

1. Participants- (the persons whose signatures appears below) developed or reviewed the accommodation plan:

Name	Title	Date

2. Date for accommodation plan review/reassessment: August 201X

3. Person(s) responsible for accommodation plan review/reassessment:
(NAME), (TITLE) and (504 Coordinator of NAME School)

4. Parent statement:

- I received a written notice of my rights under Section 504.
- I received a notice of the Section 504 evaluation/accommodation meeting.
- I agree with the Section 504 plan as it is written.
- I give permission for the 504 coordinator to distribute copies of the 504 accommodations to staff on a need to know basis.
- I understand that, if I disagree with the content of this plan, I have the right to ask for a Section 504 review meeting or impartial hearing by filing a written request with the district Section 504 hearing officer.

5. Additional Notes: