

# Part IV

## Examples of Student Section 504 Plans

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Educational Equity Compliance Office

**SECTION 504 PLAN**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade 11th Local District \_\_\_\_\_  
 Date of Plan \_\_\_\_\_ Projected Re-Evaluation Date: \_\_\_\_\_

Indicate here the student's mental/physical impairment: ADD/ADHD  
 and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures, use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action, strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Test Taking	1. Can take two (2) class sessions to complete math and science tests 2. Given option to take tests to library media center carrel or to a classroom across the hall 3. Can take a short break during test 4. As a senior, can take math proficiency with extended time	Math & Science Teachers    Testing Coordinator	Test Dates
Home School Communications	1. Math and science teachers send progress report and list missing assignments 2. English teacher will send calendar of main assignments for each month	Math & Science Teachers  English Teacher	On Mondays  Beginning of Each Month
Work Completion	1. Use weekly calendar or checklist assignment sheet 2. Divide long assignments into smaller parts, with due dates put into the assignment calendar	Student  English Teacher	Daily  Assignment Time

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**SECTION 504 PLAN**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade 2nd Local District \_\_\_\_\_  
 Date of Plan \_\_\_\_\_ Projected Re-Evaluation Date: \_\_\_\_\_

Indicate here the student's mental/physical impairment: DIABETES  
 and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures, use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action, strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Medical Plan To Ensure Normal Daily Functioning—			
Check to Maintain Proper Blood Sugar Level (make sure blood sugar level does not drop too low)	1. At recess time—student takes own blood sugar test, with teacher overseeing  2. If sugar level is low, teacher or aide will regulate types of food/juice to be provided  NOTES: Parent will provide appropriate snacks.  Protocols for glucose testing are in place at school, authorized by parents and physician. Specific instructions are available for times when blood level number is out of target range.  Glucose kit is on a top shelf in room (handled by adult only please).  Sharps Containers are available for used needles.  Cafeteria staff is aware of student's condition.	Student/Teacher  Teacher/Aide  Parent  Nurse  Teacher  Nurse  504 Case Carrier	Daily  When Needed

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**SECTION 504 PLAN**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade 8th Local District \_\_\_\_\_  
 Date of Plan \_\_\_\_\_ Projected Re-Evaluation Date: \_\_\_\_\_

Indicate here the student's mental/physical impairment: CROHN'S DISEASE,  
 and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an  
 effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures,  
 use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each  
 accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action,  
 strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Minimize Effect of Absence/Tardiness	1. Enlist another student to copy notes and arrange for homework to be picked up by the parent 2. Permit the student to be late to class because of bathroom breaks	Teachers/ Classmates/ Parent Teachers	When Absent  Daily
Minimize Stress	1. Allow the student to take tests in a separate room near a bathroom, (will minimize stress which can inflame the condition) 2. Extended time should be considered because of frequent bathroom breaks  NOTE: Make sure substitute teachers are aware of the student's condition and these accommodations.	Teachers/Student  Teachers	Testing Time  Testing Time

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**SECTION 504 PLAN**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade 3rd Local District \_\_\_\_\_  
 Date of Plan \_\_\_\_\_ Projected Re-Evaluation Date: \_\_\_\_\_

Indicate here the student's mental/physical impairment: ADD/ADHD - BEHAVIOR,  
 and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an  
 effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures,  
 use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each  
 accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action,  
 strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Disruptive Behavior Following Directions	1. Move to a quiet location within the classroom when the student becomes disruptive  2. When student is unable to focus allow student to complete work at an assigned desk or work area away from other students  3. Weekly home/school communication. Behavior contract with points earned for following directions and school rules with rewards given at home (special activities, special food treats) if behavior goals are achieved	Teacher  Teacher  Teacher & Parents	Daily  Daily  End of Week Reports to Parents
Work Completion	1. Reduce volume of written work. For drills and practice activities, student will complete either even-or odd-numbered problems  2. Before the end of the school day (10-15 minutes), Study Buddy reminds/helps student to organize books/materials for homework	Teacher  Student & Study Buddy	Reminder at Time Work is Assigned  10-15 Minutes Before End of School Day

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
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**SECTION 504 PLAN**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade 5th Local District \_\_\_\_\_  
 Date of Plan \_\_\_\_\_ Projected Re-Evaluation Date: \_\_\_\_\_

Indicate here the student's mental/physical impairment: ADD/ADHD BEHAVIOR AND MEDICATION, and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures, use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action, strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Medication	1. Check to reinforce consistent use of medication per physician	Student School Nurse	Daily
Lunch Supervision	1. When the bell rings, the student will report to the Nurse's office; from the nurse's office, he will go directly to lunch  2. Student will be supervised by school staff during lunch break	Student  School Staff	Daily  Daily
Behavior	1. Use positive redirect when student's behavior is inappropriate	Teachers	Daily
Home-School Contract	1. Use written report to maintain teacher/parent contact in order to discuss student's accomplishments and any areas of school performance that need to improve	Teachers/Parents	Monthly (and When Problems Arise)

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Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade 5th Local District \_\_\_\_\_  
 Date of Plan \_\_\_\_\_ Projected Re-Evaluation Date: \_\_\_\_\_

Indicate here the student's mental/physical impairment: EPILEPSY, ASTHMA AND KIDNEY CONCERNS, and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures, use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action, strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Medication	Check to reinforce consistent use of medication per physician and that medication will be administered in school	(Student) School Nurse School Staff	Daily
Lunch Supervision	Student will be supervised by school staff during lunch break	School Staff	Daily
PE Classes	Due to asthma, student is to self-monitor her condition and need to stop any activity	Student (Teacher)	Daily
Classroom Breaks	Student is allowed to take frequent bathroom breaks at <u>any</u> time during classroom period	Student Teacher	Daily
Buddy System	Student must take breaks with someone to assure student's safety in case of seizure	Student Teacher	Daily

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**SECTION 504 PLAN**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade 3rd Local District \_\_\_\_\_  
 Date of Plan \_\_\_\_\_ Projected Re-Evaluation Date: \_\_\_\_\_

Indicate here the student's mental/physical impairment: NEISIDIOBLASTOSIS & SEIZURE DISORDER, and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures, use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action, strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Maintenance of alertness. Has fallen asleep in class	All staff should be acquainted with signs of low blood sugar: fatigue, clammy skin, hunger, headache, weakness, blurred vision, restlessness	Classroom Teacher and School Staff School Nurse Yard Supervisor	Daily, all day
Potential loss of consciousness if blood sugar falls too low	If student is observed to have or complains of the above, someone should accompany student to the Health Office or call the School Nurse	School Staff	Daily, all day
Inability to concentrate on class work (Carry out protocol ordered by doctor for low blood sugar)	Student, if he appears alert, should be sent to the nurse, where he can receive his protocol services: --Administration of snack, or --Unconscious? Sugar administered in cheek inside of mouth. (Student will need to go to the Health Office)	School Nurse  Call 911 School Nurse and/or Student	Daily
Learning self care	Student needs to be assisted to learn how to care for self. Must eat meals and come to school for breakfast or eat a healthful breakfast at home. Must eat lunch, not be tempted to play and return to class without. Must attend nutrition classes at hospital. Mom to include choices of food	Student and Family; Staff to Monitor and Remind	Daily



Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Safety at school as a seizure could cause loss of consciousness	Observation by all staff for signs of seizures: Any vacant staring, trembling of body or a body part, sudden drop to the ground, with or without shaking. Student would be taken to Health Office most likely in wheelchair	All Staff in Class or on Yard	Daily, all day
First Aid: Seizure or Low Blood Sugar	Checking blood sugar to determine which condition might have caused loss of consciousness if in doubt. Administration of sugar inside cheek if below the doctor's ordered guidelines	School Nurse	On Occurrence
	Keeping student on his side if unconsciousness is present, and not putting anything in the mouth unless nurse determines need	School Nurse School Staff	On Occurrence
	Calling paramedics if nurse decides appropriate for prolonged seizure or for continued unconsciousness for either seizure or low blood sugar	School Nurse School Staff	On Occurrence

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Educational Equity Compliance Office

**SECTION 504 PLAN**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade 1st Local District \_\_\_\_\_  
 Date of Plan \_\_\_\_\_ Projected Re-Evaluation Date: \_\_\_\_\_

Indicate here the student's mental/physical impairment: OSTEOGENESIS IMPERFECTA TYPE IV,  
 and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an  
 effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures,  
 use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each  
 accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action,  
 strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Physical Activities	1. Student may not participate in contact sports, such as soccer, baseball, or steal the bacon, or any other game the supervising adult feels may jeopardize the student	School Staff	Daily
	2. Parents will provide a "quiet" activity to be used on the classroom patio space during recess and lunch recess	Parents	Daily
	3. Student will participate in the drama program rather than the physical education program	Teacher	For the Current School Year
	4. If the student asks to be excused from a physical activity, the student should be excused	School Staff	During Recess and Lunch
	5. In case of suspected fracture follow LAUSD first aid guide-lines	School Staff	When a Fracture Is Suspected
	6. Parents will notify the school in writing of any changes in student's ability to participate in physical activities	Parents	When Student Is Seen by Pediatrician

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Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade 8th Local District \_\_\_\_\_  
 Date of Plan \_\_\_\_\_ Projected Re-Evaluation Date: \_\_\_\_\_

Indicate here the student's mental/physical impairment: SICKLE CELL ANEMIA  
 and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures, use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action, strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Medical Plan to Ensure Normal Daily Functioning	1. Student will be allowed to drink water in class as needed	Student Teachers	Daily
	2. Student will be excused from class to use restroom as needed	Student Teachers	Daily
	3. Student will be allowed to see school nurse as needed (Refer to doctor's letter in file)	Student Teachers	Daily
Home/School Communication	1. Parent will supply teachers with dates that assignment packets will be needed. (Please allow sufficient time)	Parent	Weekly
Work Completion	1. All teachers will create an assignment packet for student during his week of treatment or for medical related absences	Teachers	When Student is Hospitalized
	2. Student will not be penalized for missing school or class work due to hospitalizations		When Student is Hospitalized

# LOS ANGELES UNIFIED SCHOOL DISTRICT

Educational Equity Compliance Office

## SECTION 504 PLAN

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade 2nd Local District \_\_\_\_\_  
 Date of Plan \_\_\_\_\_ Projected Re-Evaluation Date: \_\_\_\_\_

Indicate here the student's mental/physical impairment: RHEUMATOID ARTHRITIS,  
 and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an  
 effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures,  
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 accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action,  
 strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Testing (District, State, Classroom)	1. May require extra time for written assignments, longer tests 2. Can dictate answers to a scribe as necessary in testing situations 3. May require flexible setting if scribe is used on State/District tests	Classroom Teacher	Daily  Daily, If Tests are Administered  During Stanford 9 Testing
Physical Education	Activities limited per doctor's note	Classroom Teacher	Daily
Class Work/Testing	Additional time as needed when medication side-effects interfere with student's concentration or attention	Classroom Teacher	Daily

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SECTION 504 PLAN

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade 2nd Local District \_\_\_\_\_  
 Date of Plan \_\_\_\_\_ Projected Re-Evaluation Date: \_\_\_\_\_

**LIFE TREATENING ALLERGIES TO PEANUTS,**

Indicate here the student's mental/physical impairment: ALMONDS, SHELLFISH, SESAME SEEDS, and indicate below the specific area(s) of educational impact and the type of related accommodation(s) needed to support an effective educational program for the student; e.g., changes in the classroom environment, changes in testing procedures, use of various classroom materials, teaching strategies to be employed, etc. Also indicate who will be responsible for each accommodation (teacher, student, parent/guardian, counselor, school nurse, etc.) and the frequency or when the action, strategy, or accommodations to be made.

Area(s) of Educational Impact	Related Accommodation(s)	Person(s) Responsible	Frequency (when action will be taken)
Life Threatening Food Allergies	1. Class will avoid activities that involve peanuts (all nuts) almonds, sesame seeds or shellfish	Teacher	Daily
	2. Student may not share any food with other students	Teacher/ School Personnel	Daily
	3. Student will bring food from home for all snack/ lunch times	Parent	Daily
	4. Teacher will notify parent of any activities occurring in the classroom that involve food	Teacher	As Needed
	5. Parent will provide safe food for these activities	Parent	As Needed
	6. Student will have a lock box with medication that has his/her picture on it in the classroom emergency backpack; emergency plan will be in sub folder; teacher and room partner will both have keys to the lock box	Teacher/ School Personnel	School Year
	7. Additional medication will be locked in the nurse's office	School Personnel	School Year
	8. Teacher will notify all school personnel who work with or supervise student of his/her medical needs	Teacher	School Year
	9. Grade level teachers have been trained in the use of EpiPen	Nurse	School Year
	10. Support personnel will be trained	Nurse	As Needed
	11. On field trips, student will drive either with parent(s) or with teacher. Teacher will carry lock box if parent is unavailable	Teacher	As Needed