

4

Making Accommodations

Developing 504 Plans and Individual Education Plans (IEPs)

CHAPTER OBJECTIVES

As discussed in Chapter 3, schools have a legal obligation to provide appropriate services for children with chronic illness. In this chapter I examine in more detail the process by which school personnel, medical professionals, parents, and their children with chronic illness work together to develop a plan that addresses the children's unique needs. Topics explored include (1) the criteria for determining if an IEP or 504 plan is needed, (2) how children are referred, (3) the process of an evaluation, and (4) implementation of the evaluation results into an educational plan. The chapter concludes with three examples of 504 plans and IEPs to illustrate how assessment information is integrated into an educational plan for a child with chronic illness. Specific objectives of this chapter are:

- To review general characteristics of IEPs and 504 plans
- To identify the steps in developing an IEP or 504 plan
- To illustrate the development of IEPs and 504 plans for children with chronic illness through use of examples

WHAT IS A 504 PLAN AND AN INDIVIDUAL EDUCATION PLAN?

504 Plan

As mentioned, the Rehabilitation Act of 1973 requires that school districts provide a free and appropriate education to children with a disability. A 504 plan is a formal, written edu-

cational plan designed to address the child's unique educational needs as a result of the disability. Any child who has a physical or mental impairment in a major life activity—seeing, hearing, speaking, breathing, walking, learning, working, caring for self, performing manual tasks—is eligible for services. Children with chronic illness are frequently affected in these areas and therefore qualify for services through a 504 plan. Most children with chronic illness can be well served by a 504 plan, without the need for an IEP. A child with a 504 plan is served through the regular educational program rather than the special education program. Children who do not qualify for special education under the Individuals with Disabilities Education Act (IDEA) may qualify for services through a 504 plan. Consequently, this service category is much broader and more inclusive than the categories listed under the IDEA. In fact, many parents prefer a 504 plan over an IEP because they perceive special education as a program for severely disabled or handicapped individuals, and they do not want their child to experience the stigma of placement in special education. A blank form of a 504 plan is provided as Worksheet 4.1 (p. 53).

Individual Education Plan

The IEP is a formal, written educational plan that is constructed for each student who qualifies under this legislation (see Table 3.2 in Chapter 3). The IDEA defines as eligible only students who have certain specified conditions, if conditions require specialized educational programming. The development and implementation of the IEP falls under the responsibility of the special education program within each school district. The IEP is typically much more detailed and comprehensive than the 504 plan, although this is not necessarily the case. Worksheet 4.2 (p. 54) is an example of an IEP form that outlines educational accommodations that are much more detailed and specific than those on the 504 plan form. In general, the IEP must be developed so that the child is educated in the least restrictive environment. Additionally, the IEP must be reviewed at the end of 1 calendar year; at that time it can be continued as is, amended, or discontinued.

Accommodations

The educational needs of children with chronic illness vary greatly, depending on their abilities independent of the illness, the type and severity of illness or condition, and their ability to cope with the associated learning, emotional, and social problems. Consequently, accommodations can range from minor ones, such as providing more time to get from one class to the next or sitting nearer the blackboard, to more significant ones, such as providing home visits, reducing workload, providing transportation, and carrying out medical procedures or treatments in school. Although IEPs are only required to be reviewed yearly, it may be necessary to review them more frequently, given that some illnesses may go into remission or flare up unexpectedly. Likewise, the impact an illness or its treatment has on the child can vary depending on timing and type of treatments. For example, a child with cancer is more likely to be adversely affected during chemotherapy and radiation treatments than during the periods between treatments. It is important for parents, school officials, and medical professionals to communicate clearly regarding the child's condition,

treatment, and resulting school-related needs. Worksheet 4.3 (p. 56) contains an accommodations checklist for 504 plans. Although this list is not exhaustive, it provides a reference for identifying potential accommodations for both 504 plans and IEPs.

“When Do I Use a 504 Plan, and When Do I Need an Individual Education Plan?”

Parents and educators addressing the needs of children with chronic illness commonly ask: “When do I use a 504 plan, and when do I need an IEP?” Children with a chronic illness may qualify for a 504 plan if their illness interferes with a major life activity, yet they may not need, or qualify for, special education services and an IEP. For example, a girl with juvenile rheumatoid arthritis may be limited in one major life activity (e.g., running, walking) and will need accommodation in that area (e.g., more time to get from one class to another and an alternative activity during physical education class). However, she does not need a specifically designed instructional program or services. In many cases, particularly when the illness is not severe, a 504 plan is an adequate and desirable approach to meeting educational needs.

There are times, however, when special education services are necessary because of the illness’s significant impact on the child’s ability to attend and benefit from public education. These children typically qualify for special education services under the “Other Health Impaired” (OHI) category listed in the IDEA legislation. In such cases, an IEP is needed to fully address the significant and multiple needs of the child. For example, a girl with more severe rheumatoid arthritis may have needs that necessitate an IEP. She may be unable to write because of joint pain in her hands, she may be unable to walk, she may

TABLE 4.1. Level of Functioning and Program Modifications Associated with Severity of Impairment

	Level 1: Mild	Level 2: Mild to moderate	Level 3: Moderate	Level 4: Severe
Is the child handicapped?	No	Possibly	Yes	Yes
How does it affect the child’s functioning?	Health impairment does not interfere with day-to-day functioning and learning.	Health impairment does not interfere with learning, but there is a possibility of unusual episodes or crises.	Health impairment either presents frequent crises or so limits the child’s opportunity to participate in activities that learning is interrupted.	Health impairment is so severe that special medical attention is regularly needed. The child’s opportunity for activity is so limited that he or she may not be able to participate in a regular classroom.

From *Pediatric Clinics of North America*, 31, 221–233. Walker, D. K. Care of chronically ill children in schools. Copyright 1984 with permission from Elsevier.

have intermittent and extended absences during disease flare-ups, she may be too fatigued to attend the whole school day, and she may need treatment during school hours (e.g., physical therapy, medications, counseling). In this case, an IEP is needed to address the numerous negative effects that the arthritis has on her ability to participate in educational programming. (Table 4.1 summarizes the modifications necessary, based on the child's level of impairment.)

PROCESS FOR OBTAINING A 504 PLAN OR AN INDIVIDUAL EDUCATION PLAN

The process of identifying a child who needs accommodations, conducting an assessment, and developing and implementing an educational plan can take months. Consequently, when there are questions or concerns that arise, it is best to start the process very early rather than waiting until the child exhibits a pattern of problems. Each step in the process is reviewed below.

Referral

Before children can receive accommodations, they must be identified as students who have a disability or illness that significantly interferes with a major life activity or with school functioning. Referrals are typically made by parents or school personnel. Usually a parent initiates contact with the school to notify the teacher of a child's illness or disability. However, some parents believe that disclosing the child's condition to school officials will have a negative impact on the child, so they choose not to do so. I believe that it is best for parents to communicate openly with school officials about their child's illness (discussed in more detail in Chapter 5). Children may also be identified by teachers who observe them struggling in school as a result of the illness. Sometimes parents request that medical professionals send a letter to the school describing the current medical condition and requesting school services for the child.

Once the child is identified, a verbal or written request can be made for a special education evaluation; it is recommended that parents request the evaluation in writing. Once the request is made, the school is required by law to conduct an evaluation within 60 days. The cost of the evaluation is the responsibility of the school; the parents are not obligated to pay for this assessment. In some cases, parents may request an independent evaluation by a pediatric psychologist or pediatric neuropsychologist, who specializes in assessment and treatment of pediatric illness. The cost of this independent evaluation is typically covered by the parents.

Evaluation

A multidisciplinary team conducts an evaluation to determine if the child's illness interferes with school. The evaluation includes assessment of the child's current health, learning abilities and achievement, speech and language, hearing, vision, social skills, physical

abilities, and emotional–behavioral status. Table 4.2 lists the many sources of information collected as part of the evaluation. The evaluation must be sufficient to accurately assess the nature and extent of the illness or disability, its effect on major life activities, and the services needed and available. The team conducting the evaluation may include teachers, school psychologists, school counselors, audiologists, speech pathologists, occupational and physical therapists, and school nurses. If the child’s health problems interfere with school, most likely the child will qualify for services under the OHI category. Some states use different terminology, referring to this category as the “Physically or Otherwise Health Impaired” (POHI).

It is important to collect information from other health care providers as well. In many cases, the physician or nurse will write a letter to the school or the parent outlining the severity of the illness, its impact on the child, and any accommodations deemed necessary for the child. It is a good idea to speak directly with the child’s physician or nurse to obtain accurate and complete information. The physician–nurse team is an extremely valuable resource that should be utilized whenever possible. A pediatric psychologist may also provide input in the form of an independent evaluation and report or through contributions to the physician’s letter. Information from the medical team can be critical, especially in cases where the illness is rare or particularly severe. Although the medical team is free to make recommendations regarding accommodations, it is the school officials in conjunction with the parents who make the final decisions regarding accommodations and services provided to the child. This decision point can be a time of contention (I discuss this phase further in Chapter 5, when I deal with issues of communication).

Team Conference

Once all the evaluation data are collected, the multidisciplinary team meets to go over the information. Parents typically attend this meeting to serve as advocates for their child and to provide a context for interpreting their child’s behavior. The child may or may not attend the meeting; as a general rule, it is better to include the child if he or she is old

TABLE 4.2. Sources of Information for Evaluations

-
- Teacher observations
 - School records (e.g., grades, attendance, disciplinary records, standardized test scores)
 - Test results (e.g., IQ, achievement, motor skills, psychological)
 - Child interview
 - Parent interview
 - Teacher interview
 - Medical professional interview
 - Medical records and medical team correspondence
 - Child self-report rating scales
 - Teacher rating scales
 - Parent rating scales
 - Daily work samples
-

enough to understand what is happening. Often a school administrator is also in attendance. The law requires that placement decisions be made by a group of persons knowledgeable about the child, the disability or illness, the meaning of the evaluation data, and placement options. Parents can also request the presence of an outside professional (e.g., pediatric psychologist, nurse) to help interpret the data, provide suggestions for accommodations, and serve as an advocate for the child. I have attended several meetings in that role, and parents have reported that it was very helpful. During this meeting a determination is made as to whether the student has a disability or illness, whether it interferes with a major life activity, whether accommodations will be necessary, and how to implement the accommodations, if needed, into an educational plan.

Once a determination is made that a child will need accommodations, the next decision concerns whether a 504 plan or an IEP would be most appropriate. As mentioned, this choice is determined by the nature of the services needed by the child and whether they can be provided through regular educational programming (504 plan); if they cannot, then special education services (i.e., IEP) are needed. In many cases, the 504 plan or the IEP is developed in this same meeting. It is often during this meeting that conflict arises due to parents' requests for services that exceed what a school can afford to support. Parents have the right to disagree with the outcome of the evaluation and/or the services offered by the school, if they believe the best interests of their child will not be served. In cases when the issues cannot be resolved among parents and school officials, the parents can pursue the issue through the State Board of Education or through the civil courts. I believe that how the parents and school personnel manage this pivotal meeting will largely influence the outcome of the educational programming. The educational plan (504 plan or IEP) must document clearly the nature of services provided. Table 4.3 lists the information that must be included in an IEP.

Implementation and Monitoring

It is important to implement the educational plan as soon as possible, especially since the child has likely been experiencing the negative school-related consequences of his or her illness or disability for quite some time. In an attempt to limit use of school resources, sometimes school officials suggest waiting until the beginning of the next term (e.g., tri-

TABLE 4.3. Required Information in the Individual Education Plan

-
- Assessment of the child's current level of educational performance
 - Annual goals of the IEP
 - Measurable objectives to meet the goals
 - Services to be provided
 - Type of service (e.g., transportation, counseling, physical therapy)
 - Duration of service (e.g., start date and length of service)
 - Service provider (e.g., school nurse, counselor, teacher)
 - Time in special education classes and regular education classes
 - Method of evaluation, including review of the IEP annually
-

mester, semester, or school year) to implement the plan. Both parents and educators should strive for implementing the plan as early as is feasible. Depending on the types of accommodations and services required, it may take some time to implement the plan. For example, teachers may have to be informed so that they can make curriculum modifications, school personnel may have to be trained to supervise or participate in treatments or illness management (i.e., administering medications, providing emergency services), and specialized transportation or educational equipment may have to be obtained.

Monitoring the impact of the services is essential. It is recommended that the 504 plan or IEP stipulate some method of regular (weekly or monthly) communication between the parents and the school regarding the child's performance in areas identified as needing services. Additionally, the parents or physician should notify the school if the illness or disability status of the child changes significantly. Establishing these communication guidelines fosters a collaborative approach that likely prevents problems from intensifying too severely before they are noticed and addressed. As noted, a review must be conducted each year to evaluate the child's progress and determine the effects of the accommodations and services. At the annual review meeting, one of four determinations can be made: services may be increased, maintained at current levels, decreased, or discontinued. A new evaluation must be conducted at least once every 3 years, and more frequently, if necessary.

CASE EXAMPLES

Here I describe case examples to illustrate the kinds of issues involved with various chronic illnesses and how accommodations can be implemented through 504 plans or IEPs.

Case Example 1: Diabetes 504 Plan

Carol is an 8-year-old second grader with diabetes. Her diabetes is under relatively good control, for the most part, although some problems have arisen lately that have raised concern with her parents. Specifically, Carol has been reprimanded in school by her teacher for "excessive" requests to go to the bathroom and for eating during classes. Carol has come home crying three times in the last week, stating that she does not want to go back to school. Her parents are upset because they believe that she is being reprimanded in school for taking appropriate responsibility for her diabetes. Carol's parents had met with her first-grade teacher the prior year to discuss her diabetes, and the result was a relatively trouble-free year. They made the assumption that Carol's second-grade teacher is aware of her condition, understands its impact on Carol in school, and has developed a plan for dealing with the issues associated with the diabetes. To deal with these latest problems, Carol's parents requested a referral for an educational assessment and plan.

An evaluation was conducted that revealed that Carol's academic performance in her classes has been good. Her teacher has recorded some concerns about "not following

rules” and “disruptive classroom behaviors,” but the teacher does not feel as though these behaviors have warranted action to this point. Assessment also revealed that Carol has a moderate level of anxiety about the possibility of feeling embarrassed in front of other children and fear of getting in trouble with the teacher. Her diabetes continues to be under relatively good control.

A team meeting with Carol’s teacher, the principal, school nurse, and her parents was held to discuss the evaluation and school programming. Carol’s teacher was unaware of the diabetes and consequently the need for special treatment of Carol. The team decided that a few accommodations, through the implementation of a 504 plan, would adequately address Carol’s issues. Figure 4.1 contains the 504 plan accommodations designated for Carol. In an ideal world, Carol’s parents would have met with her second-grade teacher prior to the start of the school year to discuss their daughter’s condition, what special needs the teacher might expect Carol to have, and to create and agree on a plan that would address those issues.

Case Example 2: Asthma 504 Plan

Jim is a 12-year-old sixth grader who has had moderately severe asthma since early childhood. Since he will be attending a new school (middle school) this year, his parents requested to meet with his teacher prior to the school year to discuss his condition. Jim’s parents brought with them to the meeting a copy of his 504 plan from fifth grade, a letter from his physician, and a notebook with a diary of his asthma condition and treatments. The teacher was very appreciative of the parents’ efforts and scheduled a meeting with the 504 plan coordinator, the parents, a school administrator, and the teacher.

An abbreviated evaluation revealed that Jim had done well on his elementary school 504 plan. Concerns regarding triggers for his asthma, school activities, and his treatments were discussed. In the event that exposure to chemicals (science class) or other irritants (dust, pollen, smoke) would be likely, alternative activities and assignments were selected. Emergency protocols were discussed in the case of an asthma attack. Treatments were discussed and plans made for Jim to carry his inhaler at appropriate times. Figure 4.2 contains the 504 plan accommodations made for Jim. This scenario represents the optimal situation: Parents and school personnel work together to create an appropriate plan to prevent problems and to deal with problems *before* they actually occur.

Case Example 3: Juvenile Rheumatoid Arthritis 504 Plan

McKenzie is a 16-year-old high school junior with juvenile rheumatoid arthritis (JRA). She was diagnosed as a small child; the disease has largely stabilized, with only occasional flare-ups, during which time she can be severely but temporarily affected. She may miss 2 or 3 days of classes during these flare-ups, and she can have significant joint pain, swelling, and limited mobility for a week or two afterward. Because McKenzie has had JRA for several years, she is aware of the accommodations she needs to deal with its impact on her in the school setting. She requested a meeting be held with her parents, a 504 plan coordinator, and her homeroom teacher. During this meeting McKenzie asked for several accom-

School District: Any Community School District
 Address: 123 W. Education Ave.
Any City, IA 01234

Student: Carol Hauser School: Emmit Elementary Grade: 2
 Date of implementation: 11/24/02 Review: Annually

Statement of student's disability as it relates to this plan: Carol has diabetes that interferes with her self-care and learning.

Accommodation/strategy	Implementor(s)	Monitoring dates	Comments
Permission to get drinks and use restroom as needed	Teacher: Ms. Cole	Beginning of each month	No need to ask permission
Meet with school counselor weekly	Counselor: Mr. James	Monthly	Meet as needed
Snack as needed	Ms. Cole	Each semester	If snacking is disruptive, can go to nurse's office
Monitor insulin injections	School nurse	Monthly	Continue process in place since last year

cc. Parents/Guardians
 Section 504 Coordinator
 Educational Record
 Principal
 Teacher(s)

FIGURE 4.1. Completed Section 504 accommodations plan form for Carol Hauser.

School District: Any Community School District
 Address: 123 W. Education Ave.
Any City, IA 01234

Student: Jim Dandy School: Tyler Middle School Grade: 6
 Date of implementation: 8/27/02 Review: Annually

Statement of student's disability as it relates to this plan: Jim has asthma that causes significant problems breathing. Asthma attacks may require emergency intervention.

Accommodation/strategy	Implementor(s)	Monitoring dates	Comments
Alternate science assignment	Teacher: Mr. Pancak	Monthly	As necessary
Use of library during recess	Librarian: Ms. Torrance	Monthly	When parents or Jim request (e.g., during high pollen counts)
Jim carries inhaler during Physical Education	Phys. Ed Teacher: Mr. Lewis	Monthly	
Can leave class to get inhaler from nurse	Nurse: Mr. Pancak	Monthly	No permission required
Teachers current in CPR	Principal Howard	Annually	All Jim's teachers current in CPR certification
Report asthma attacks	Principal Howard	Annually	Immediately report to school nurse, parents, principal.

cc. Parents/Guardians
 Section 504 Coordinator
 Educational Record
 Principal
 Teacher(s)

FIGURE 4.2. Completed Section 504 accommodations plan form for Jim Dandy.

modations at the time of her flare-ups. A brief review of McKenzie's records indicated that she has had a 504 plan for several years, from which has evolved several accommodations to address her problems. All that was necessary at this point was to request and discuss the accommodations, then document them after consensus was reached. Figure 4.3 contains the 504 plan accommodations for McKenzie. In this case, given McKenzie's age and maturity, she took the responsibility for requesting the 504 plan and asserting her needs in relation to her condition.

Case Example 4: Cystic Fibrosis IEP

Terrance is a 14-year-old seventh grader with cystic fibrosis (CF). Because of the severity of his condition, he is an unusually small and skinny child. He is frequently absent from school and is unable to stay in school the whole day when he does attend, due to fatigue. He is well below grade level in many of his courses due to his excessive absences and cognitive difficulties resulting from the CF and the medications. He is socially delayed for the same reasons and has few friends. Terrance is often teased at school, especially about being small and "wimpy."

Terrance's parents have requested an evaluation to determine his service needs in school at the beginning of each of his school years. Results of this current evaluation are consistent with previous evaluations: He is significantly below grade level in math, socially isolated, significantly anxious and depressed, extremely fatigued, and has numerous and sometimes extended absences. During the team meeting it was determined that Terrance has many needs, including remedial math, counseling, social skills training, percussive treatments, and medication administration during the school day, reduced workload, access to a teacher and books during absences, and a special diet. The team discussion resulted in a decision that special education services were needed.

Figure 4.4 contains the outline of an IEP for Terrance. Accommodations include time in remedial math class, home visits by a teacher during his absences, percussive treatments during class, alternative physical education requirements, reduced school days and a reduced workload, and a special diet. The IEP meeting was conducted with Terrance's input regarding the accommodations. The school nurse, principal, IEP coordinator, homeroom teacher, and Terrance's parents worked together to develop the IEP in Figure 4.4. In this case, Terrance's needs are clearly greater than what could be appropriately addressed with a 504 plan. Given his needs for remedial work, teacher visits to the home, special medical accommodations, and curricular modifications, it was necessary to enlist the resources of the special education department.

CONCLUDING COMMENTS

Many parents, educational professionals, and health care providers are confused and/or misinformed about 504 plans and IEPs. Their purpose is to best serve the child with a disability or health condition by ensuring a federally mandated, fair, and timely process of

School District: Any Community School District
 Address: 123 W. Education Ave.
Any City, IA 01234

Student: McKenzie Wellington School: West High School Grade: 11
 Date of implementation: 8/29/02 Review: Annually

Statement of student's disability as it relates to this plan: McKenzie has JRA that temporarily flares up, causing pain, swelling, and limited mobility. She may miss a few days of school during this time.

Accommodation/strategy	Implementor(s)	Monitoring dates	Comments
Teachers send work home if misses two or more days	Teachers	Annually	Send work home with Tammy—McKenzie's sister
Reduced assignments as necessary	Teachers	Annually	
Untimed exams/oral exams	Teachers	Annually	If finger pain or swelling
Excused tardiness to classes	Teachers	Annually	If difficulty walking

cc. Parents/Guardians
 Section 504 Coordinator
 Educational Record
 Principal
 Teacher(s)

FIGURE 4.3. Completed Section 504 accommodations plan form for McKenzie Wellington.

Special Education Services		
Indicate the services, activities, and supports that will be provided in order for this individual: 1) to advance towards attaining the IEP goals; 2) to be involved and progress in the general curriculum; 3) by age 14, to pursue the course of study and post-high school outcomes (living, lifelong learning, and work); 4) to participate in extracurricular and other nonacademic activities; and 5) to be educated and participate with other individuals with disabilities and nondisabled individuals.		
Y N Accommodations	Y N Linkages/interagency responsibilities	Y N Supplementary aids and services
Y N Assistive technology	Y N Program modifications	Y N Supports for school personnel
Y N Community experience	Y N Specially designed instruction	Y N Support or related services
Y N Development of work and other post-high school living objectives	Y N Other: _____	
Describe each service, activity, and support indicated above:	Provider(s) and when the service, activity, or support will occur	Setting
1 hr. remedial math daily	Provider(s): <i>Mr. Jones</i> Time and frequency/when provided: <i>1hr. daily</i>	<input type="checkbox"/> General education <input checked="" type="checkbox"/> Special education <input type="checkbox"/> Community
Home visits	Provider(s): <i>Ms. Jones</i> Time and frequency/when provided: <i>As needed</i>	<input type="checkbox"/> General education <input checked="" type="checkbox"/> Special education <input type="checkbox"/> Community
Course load reductions and activity modifications	Provider(s): <i>All teachers</i> Time and frequency/when provided: <i>As necessary</i>	<input checked="" type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
Medical treatments as outlined in letter from physician	Provider(s): <i>School</i> Time and frequency/when provided: <i>Daily as needed</i>	<input checked="" type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
Dietary restrictions—see file in nurse's office	Provider(s): <i>All personnel</i> Time and frequency/when provided: <i>All times</i>	<input checked="" type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
	Provider(s): Time and frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
	Provider(s): Time and frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
	Provider(s): Time and frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
		Total time removed from general education:

FIGURE 4.4. Completed IEP outline for Terrance Striker.

TABLE 4.4. Websites Containing Information on Individual Education Plans and 504 Plans

www.familyvillage.wisc.edu/school.htm

This is the best website I found for information on 504 plans and IEPs. It is housed at the University of Wisconsin and contains dozens of links to all aspects of special education services for children with disabilities.

www.ed.gov/about/offices/list/oseers/index.html

The U.S. Department of Education website contains a great deal of information on 504 plans and IEPs.

www.diabetes.org/main/community/advocacy/504plan.jsp

This site is hosted by the American Diabetes Association and contains sample 504 plans for children with diabetes. The information is also very useful for 504 plans and IEPs for other health problems as well.

www.chtu.org/504.html

This is the website of the Cleveland Heights Teachers Union. It contains an excellent section on frequently asked questions about 504 plans and other special education programming.

www.ldonline.org/ld_indepth/iep/iep_process.html

The Virginia Department of Education has created an excellent site that contains a great deal of information about developing IEPs in language that is easy to understand and access.

assessment and educational planning. Despite the federal mandate, many children fail to receive appropriate educational accommodations due to a shortage of resources in schools and inadequate advocacy on behalf of the child. Table 4.4 lists websites that provide more detailed information on 504 plans and IEPs, including frequently asked questions, sample plans for children with chronic illness, and suggestions for improving the quality of the process of planning and documenting accommodations.

WORKSHEET 4.1. Blank Section 504 Accommodations Plan Form

School District: _____
 Address: _____

Student: _____ School: _____ Grade: _____
 Date of implementation: _____ Review: _____
 Statement of student's disability as it relates to this plan: _____

Accommodation/strategy	Implementor(s)	Monitoring dates	Comments

cc. Parents/Guardians
 Section 504 Coordinator
 Educational Record
 Principal
 Teacher(s)

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WORKSHEET 4.2. Blank IEP Form

Name: _____ Date: ___ / ___ / ___ Page ___ of ___

Special Education Services		
<p>Indicate the services, activities, and supports that will be provided in order for this individual: 1) to advance towards attaining the IEP goals; 2) to be involved and progress in the general curriculum; 3) by age 14, to pursue the course of study and post-high school outcomes (living, lifelong learning, and work); 4) to participate in extracurricular and other nonacademic activities; and 5) to be educated and participate with other individuals with disabilities and nondisabled individuals.</p>		
Y N Accommodations	Y N Linkages/interagency responsibilities	Y N Supplementary aids and services
Y N Assistive technology	Y N Program modifications	Y N Supports for school personnel
Y N Community experience	Y N Specially designed instruction	Y N Support or related services
Y N Development of work and other post-high school living objectives	Y N Other: _____	
Describe each service, activity, and support indicated above:	Provider(s) and when the service, activity, or support will occur	Setting
	Provider(s): Time and frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
	Provider(s): Time and frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
	Provider(s): Time and frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
	Provider(s): Time and frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
	Provider(s): Time and frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
	Provider(s): Time and frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
	Provider(s): Time and frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
	Provider(s): Time and frequency/when provided:	<input type="checkbox"/> General education <input type="checkbox"/> Special education <input type="checkbox"/> Community
Total time removed from general education:		

(continued)

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Blank IEP Form (page 2 of 2)

Name: _____ Date: ___ / ___ / ___ Page ___ of ___

Special Education Services, continued

[] Yes [] No Are extended school year (ESY) services required? If yes, specify the goals that require ESY services and describe the services. _____

[] Yes [] No Are specialized transportation services required that are related to the disability? If yes, describe. [] Special route (outside normal attendance area or transportation not typically provided based on distance from school) [] Attendant services [] Specially equipped vehicle [] Other _____

Physical Education: [] General [] Modified—describe below [] Specially designed—requires goal(s) _____

Indicate how this individual will participate in districtwide assessments

[] Without modifications or accommodations [] With modifications or accommodations (describe below) [] Through the state alternate assessment

Least Restrictive Environment Considerations

Address the following questions.

[] Yes [] No Will this individual receive all special education services in general education environments? If no, explain: _____

[] Yes [] No Will this individual participate in nonacademic activities with nondisabled peers and have the same opportunity to participate in extracurricular activities as nondisabled peers? If no, explain: _____

[] Yes [] No Will this individual attend the school he or she would attend if nondisabled? If no, explain: _____

[] Yes [] No Will this individual attend a special school? If yes, attach responses to the special school questions.

Progress Reports

Parents: You will be informed of your child's IEP progress _____ times per year. You will receive: [] An IEP report with cards and progress reports [] Updated copies of the IEP goal pages [] _____

WORKSHEET 4.3. Accommodation/Modification Checklist

Name: _____ Date: _____

Date form completed: _____ Form completed by: _____

Which of the following accommodations/modifications does the student need to be successful in the classroom?

PHYSICAL ARRANGEMENT OF ROOM/ENVIRONMENT

- ____ Seating student near teacher
- ____ Seating student near a positive role model
- ____ Standing near the student when giving directions or presenting lessons
- ____ Avoiding distracting stimuli (e.g., sounds of air conditioner, high traffic area, etc.)
- ____ Increasing distance between desks
- ____ Providing preferential seating
- ____ Providing opportunity for movement
- ____ Allowing use of headphones to block out distractions
- ____ Altering physical arrangement of room
- ____ Reducing/minimizing distractions (e.g., visual, auditory, spatial)
- ____ Seating student near positive role model
- ____ Offering cooling-off period/place
- ____ Allowing alternate setting/mode for speeches/presentations
- ____ *Additional accommodations:* _____

LESSON PRESENTATION

- ____ Pairing students to check work
- ____ Writing key points on the board
- ____ Providing peer tutoring
- ____ Providing visual aids, large print, films, organizational outlines
- ____ Providing peer note taker
- ____ Making sure directions are understood
- ____ Including a variety of activities during each lesson
- ____ Repeating directions to the student after they have been given to the class; then have him or her repeat and explain directions to teacher
- ____ Providing written outline, listing key points and concepts
- ____ Providing study guides
- ____ Allowing for frequent conferences with instructor to check for understanding
- ____ Allowing student to tape record lessons
- ____ Having child review key points orally
- ____ Teaching through multisensory modes (i.e., visual, auditory, kinesthetics, olfactory)

(continued)

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Accommodation/Modification Checklist (page 2 of 4)

- Using computer-assisted instruction
- Providing a model or demonstration to help students; posting the model and referring to it often
- Accompanying oral directions with written directions for student reference
- Providing cross-age peer tutoring to assist the student in finding the main idea
- Underlining, highlighting, using cue cards, etc.
- Breaking longer presentations into shorter segments
- Additional accommodations:* _____

ASSIGNMENTS/WORKSHEETS

- Allowing extra time to complete tasks
- Simplifying complex directions
- Handing worksheets out one at a time
- Highlighting key concepts on handouts
- Reducing the reading level of the assignments
- Requiring fewer correct responses to achieve grade (i.e., quality vs. quantity)
- Allowing student to tape record assignments/homework
- Providing a structured routine in written form
- Providing study skills training/learning strategies
- Giving frequent short quizzes and avoiding long tests
- Shortening assignments; breaking work into smaller segments
- Allowing typewritten or computer-printed assignments prepared by the student or dictated by the student and recorded by someone else, if needed
- Using self-monitoring devices
- Reducing homework assignments
- Not grading handwriting
- Not requiring cursive or manuscript writing
- Reversals or transpositions of letters and numbers should not be marked wrong, but pointed out for correction
- Not requiring lengthy outside reading assignments
- Monitoring by teacher of student's self-paced assignments (e.g., daily, weekly, biweekly)
- Arranging for homework assignments to reach home with clear, concise directions
- Recognizing and giving credit for student's oral participation in class
- Modifying expectations for assignments requiring speed and accuracy
- Providing alternative options for assignments
- Providing extra options for assignments
- Additional accommodations:* _____

(continued)

Accommodation/Modification Checklist (page 3 of 4)

TEXTBOOKS/MATERIALS

- Providing tape-recorded books and/or modified textbooks (e.g., lower reading levels with the same information, when possible)
- Attending to arrangement of material on page
- Providing highlighted texts/study guides
- Using supplementary materials
- Providing large-print materials
- Providing special equipment/assistive technology
- Highlighting important vocabulary, specific concepts, names, and dates prior to assigned reading

TEST TAKING

- Allowing open-book exams
- Giving exam orally
- Giving take-home tests
- Using more objective items (i.e., fewer essay responses)
- Allowing student to tape record test answers
- Giving frequent short quizzes, not long exams
- Allowing extra time for exams
- Reading test items to student
- Avoiding conditions of time or competition pressure
- Substituting a project for a test to demonstrate knowledge learned
- Providing someone to record student's answers
- Highlighting key words or phrases
- Allowing clarification on test questions as long as explanation does not give away the answers
- Eliminating computer-scored answer sheets
- Reducing number of choices on multiple-choice test
- Allowing tests to be taken in a separate, distraction-free environment
- Grading essay tests on content only; not penalized for spelling, capitalization, punctuation, or grammatical errors
- Allowing dictation of short answers to essay questions
- Providing key words for fill-in-the-blank tests
- Providing large-print tests
- Additional accommodations:* _____

ORGANIZATION

- Providing peer assistance with organizational skills
- Assigning volunteer homework buddy
- Allowing student to have an extra set of books at home
- Sending daily or weekly progress reports home

(continued)

Accommodation/Modification Checklist (page 4 of 4)

- _____ Developing a reward system for in-school work and homework completion
- _____ Providing student with a homework assignment notebook
- _____ Providing proof reader
- _____ Gathering progress reports from regular education teachers
- _____ Providing a visual daily schedule
- _____ Using study sheets to organize materials
- _____ Using notebook with dividers
- _____ Posting homework assignment in the same place
- _____ Providing procedure for finished work
- _____ Providing sample of finished product
- _____ *Additional accommodations:* _____

BEHAVIORS

- _____ Using timers to facilitate task completion
- _____ Structuring transitional and unstructured times/places (e.g., recess, hallways, lunchroom, locker room, library, assembly, field trips, etc.)
- _____ Praising specific behaviors
- _____ Teaching self-monitoring strategies
- _____ Giving extra privileges and rewards for acceptable behavior
- _____ Keeping classroom rules simple and clear
- _____ Making “prudent use” of negative consequences
- _____ Allowing for short breaks between assignments
- _____ Cueing student to stay on task (e.g., using a nonverbal signal)
- _____ Marking student’s correct answers, not mistakes
- _____ Implementing a classroom behavior management system
- _____ Allowing student time out of seat to run errands, etc.
- _____ Ignoring inappropriate behaviors not drastically outside classroom limits
- _____ Allowing legitimate movement
- _____ Contracting with the student regarding expectations and rewards
- _____ Increasing the immediacy of rewards
- _____ Implementing time-out procedures
- _____ Using timers to facilitate task completion
- _____ Offering choices for responding to classroom demands
- _____ *Additional accommodations:* _____