*Guidelines and Resources for Inclusive*

*Education in the*

*Roman Catholic Diocese of Peoria*



Office of Catholic Schools Catholic Diocese of Peoria

Sch0ol Year 2022-2023

***Revised 10\_03\_2022***

###  Table of Contents

[**SECTION 1: Call to Inclusion**](#_bookmark0)

[Mission](#_bookmark1)

[Church Teaching & Inclusion](#_bookmark2)

[**SECTION 2: Serving All Students**](#_bookmark3)

[**SECTION 3: The Law & Disabilities of Private School Students**](#_bookmark4)[Individuals with Disabilities Education (IDEA) & Disability Categories](#_bookmark5) [IDEA’s Child Find](#_bookmark6)

[Illinois’s Child Find Process & Timeline](#_bookmark7)

[Disability Categories](#_bookmark8)

[Proportionate Share & Consultation](#_bookmark9) [The Calculation of Proportionate Share](#_bookmark10)

[Proportionate Share & Pre-kindergarten Students](#_bookmark11) [Timely and Meaningful Consultation (TMC)](#_bookmark12) [When Should TMC be completed?](#_bookmark13)

[Timing of the TMC invitations](#_bookmark14) [Who Should Conduct TMC?](#_bookmark15)

[Who Should be Included in the TMC Meeting?](#_bookmark16) [Substantive Requirements of TMC](#_bookmark17)

[**SECTION 4: 504 Plans & Catholic Schools**](#_bookmark18)

[Background](#_bookmark19)

[Section 504 as Applied to Private Schools](#_bookmark20) [Written Plans for Accommodations](#_bookmark21)

[Private Schools as Recipients of Federal Financial Assistance](#_bookmark22)

[**SECTION 5: Assisting Students in the Classroom**](#_bookmark23)[MTSS, RTI, PBIS, & Student Support Teams](#_bookmark24) [Attention Deficit Hyperactivity Disorder (ADHD)](#_bookmark25) [Working Memory & ADHD](#_bookmark26)

[Dyslexia](#_bookmark27)

[Auditory Processing Disorder (APD)](#_bookmark28)

[**SECTION 6: Consulting a Pediatrician**](#_bookmark29)[**SECTION 7: IEP/ISP Hyperlinks**](#_bookmark30)

[**SECTION 8: Diocese of Peoria Education Forms**](#_bookmark31)

[**SECTION 9: Miscellaneous Resources & References**](#_bookmark32)

 **SECTION 1: Call to Inclusion**

### Mission:

The life and dignity of the human person affirms that all students, including those with learning disabilities, are by their very nature *as human persons* wholly deserving of a Catholic education in the Diocese of Peoria. The universal call to holiness and, more specifically, the call shared by all human persons to community and the obligation of all of a community’s members to enable, as much as possible, the participation of all others within that community specify that inclusion is obligatory, morally and otherwise, for any school that is and wishes to call itself “Catholic.”

From this obligation flows the responsibility that all of the Diocese of Peoria’s Catholic schools have to ensure that inclusion, itself, becomes an operational principle, for only by the concrete exercise of this principle can Catholic schools meaningfully realize, celebrate, initiate, and sustain the inclusion of students with learning disabilities who are and who would remain in the absence of inclusion vulnerable – educationally and otherwise. By these means, the diocese’s Catholic schools are and will be able to witness to and champion solidarity with the “least,” but also with the “all,” the latter of whom include those students who do not have any known learning disabilities but who benefit – educationally, socially, and otherwise – by their own solidarity with students with learning disabilities whose inclusion subsists in the heart and at the center of the local Church in the Diocese of Peoria.

### Church Teaching & Inclusion:

Meeting the educational, intellective, and affective needs of students with disabilities who deserve and seek a general education is educational “inclusion.”1

For the Roman Catholic Church and her educational institutions, including of course Catholic schools, inclusion is vital.

As stated above, the life and dignity of the human person affirms that all students, including those with learning differences, are by their very nature *as human persons* wholly deserving of a Catholic education. Such an education is, in fact, their right.2 As such, it is the obligation of the Church to provide to these students an education, by means of which they can come to attain alongside their peers, with the help of God’s grace, the fullness of a Christian life well lived. Incidentally, this particular attainment is part and parcel to the universal mission of the Church.3 The hope, goal, and object of this mission is that all persons will grow, as Jesus himself once did, in “grace, age, and wisdom.”4 By such growth, which is helped along and heralded by an education that is truly inclusive, all students can come to assume Christian responsibility for themselves and the world and, at the same time, grow in their relationship with God.

1 Rodriguez, J., & Romaneck, G. (2002), “The practice of inclusion,” Principal Leadership (2)8, 13-15.

2 Code of Canon Law, # 217. The Code of Canon Law is available [here.](https://www.vatican.va/archive/cod-iuris-canonici/cic_index_en.html)

3 Can. 794 §1.

4 Luke 2:51.

By such growth does salvation become for all students more attainable. By such growth does eternal life with God in the next world become for all students more achievable. And by such growth can the *ultimate* goal of the mission of Catholic education for all students be achieved, which is none other than their sanctity and, forthwith, their entrance into Heaven.

Supportive of this vision for the ultimate goal of Catholic schools and Catholic education, the United States Conference of Catholic Bishops issued in November of 1978 a statement, *Welcome and Justice for Persons with Disabilities*. This statement calls for inclusion of persons with disabilities.

The bishops write:

*Each person is created in God’s image, yet there are variations in individual abilities. Positive recognition of these differences discourages discrimination and enhances the unity of the Body of Christ . . . Defense of the right to life implies the defense of all other rights which enable the individual with the disability to achieve the fullest measure of personal development of which he or she is capable. These include the right to equal opportunity in education . . .*5

If *all* children have an equal right to a quality education, then Catholic educators are called to neither discriminate nor exclude students with learning differences. Thus, just as salvation is the goal of the sanctifying mission of the Church, so should inclusivity be the goal of Catholic schools.

###  SECTION 2: Serving All Students

The Catholic schools of the Diocese of Peoria are open to welcoming all students. This means, then, that students with learning differences are also fully welcomed.

The goal of Catholic schools is to provide a quality, meaningful, rigorous education, an education that will contribute to, in both simple and profound ways, each child’s spiritual, intellectual, physical, and social development.

It is the responsibility of school leaders to ensure that classroom teachers and other responsible adults are equipped with proper and appropriate pedagogical strategies to teach and reach all students.

The Catholic schools of the Diocese of Peoria will make every effort to obtain the necessary resources and talent to successfully educate all students. However, a school may terminate enrollment of a student under certain conditions or for certain reasons. These conditions/reasons may include:

5 United States Conference of Catholic Bishops, “[Pastoral Statement of U.S. Catholic Bishops on People with](https://grdiocese.org/wp-content/uploads/2020/11/pastoral-statement-1978.pdf) [Disabilities,](https://grdiocese.org/wp-content/uploads/2020/11/pastoral-statement-1978.pdf)” November 16, 1978.

* the school not having the financial, physical, or human resources to accommodate a particular

student’s special needs;

* a particular student’s learning needs being misrepresented by the student’s parents/guardians

and/or school officials misunderstanding said needs;

* a particular student’s parent(s)/guardian(s) failing to provide to the school current professional documentation to substantiate the special need(s);
* the student continually disrupting the learning of other students; and/or
* the student putting the safety of other students or staff at risk;

If proper procedures are followed, however, then it would be rare for a diocesan school to terminate the enrollment of such a student. In cases wherein enrollment is terminated, the school is expected to assist the family with finding in another educational program an appropriate placement for the student.

###  SECTION 3: The Law & Disabilities of Private School Students

**Individuals with Disabilities Education Act (IDEA) & Disability Categories:**

[The Individuals with Disabilities Education Act](https://sites.ed.gov/idea/) (IDEA) is a federal law that mandates all students in the United States who have a disability or multiple disabilities be provided with a Free Appropriate Public Education (FAPE) that is individualized to meet their needs.

Under IDEA, a student is eligible for services as a child with a disability(s) if it is determined that (s)he has met criteria in one of thirteen disability categories and the determining factor for that conclusion was *not* “a lack of appropriate instruction in reading . . . a lack of appropriate instruction in math; or limited English proficiency.”6

Students enrolled in private schools by their parents are *not* entitled to the same level of service that they would receive if they were/are enrolled in a public school. Furthermore, the applicable regulations give public schools the authority to decide, after consulting with private school representatives, which students in private schools will be served, what services they will receive, and where the services will be delivered. In addition, the regulations require the development of an Individual Service Plan (ISP), rather than an Individual Education Plan (IEP) or 504 plan, by the public school with input from the private school representatives in order for a private school student to receive IDEA-funded services.

### IDEA’s Child Find:

Public school districts, which are referred to in the law as “Local Education Agencies” (LEAs), are responsible for locating, identifying, and evaluating all children with disabilities enrolled by their parents in nonpublic (hereafter, “private”) schools that are located within said LEAs.

6 34 C.F.R. § 300.306.

This means that each public school district (hereafter, “LEA”), in which there is located at least one private school, must complete initial evaluations and reevaluations of private school students attending the private school(s) within said LEA’s geographic boundaries. This obligation is operative for all private school students, *irrespective of the LEA(s) in which said student(s) may reside*.

If a student is attending a private school outside of his/her “resident” LEA, then the LEA in which the private school is located is responsible for child find, evaluations, and service provision.

LEAs are required to provide notice of child find activities to private schools within their respective jurisdictions in a manner and at a time that is similar to the notice that LEAs provide such notice to the public schools. Child find activities must be conducted in a timely manner, and any evaluations completed for private school students must meet the same state timeline for completing evaluations. In Illinois, this timeline is 60 school days in length.

The cost of child find activities, including evaluations, is *not* part of the private school’s proportionate share obligation. The LEAs are responsible for completing the evaluations and are prohibited from making evaluation contingent upon the existence of proportionate share funds (or lack thereof). The proportionate share funds are for providing special education services to IDEA-eligible private students. When completing the IDEA grant budgets, the LEAs should *not* include the child find expenses as part of the proportionate share expenses.

**Illinois’s Child Find Process & Timeline:**

**STEP 1: REQUEST FOR EVALUATION**

A request is made for an evaluation by the parent to determine the child’s eligibility for special education

# ↓

**STEP 2: DECISION TO PROCEED**

At this stage, the LEA meets with the parent to determine whether an evaluation should proceed. If said determination is affirmative, then the LEA must next determine which domains will be evaluated. As part of the next step, the LEA will request the parent’s consent to conduct the evaluation.

**↓**

**↓**

**STEP 3: CONSENT TO EVALUATE**

The evaluation cannot proceed until the parent has provided informed written consent for the LEA to begin the evaluation. Timelines for completing the evaluation do not start until consent has been given by the parent.

# ↓ ↓

### 60 school days

**STEP 4: EVALUATION**

The evaluation cannot proceed until the parent has provided informed written consent for the LEA to begin the evaluation. Timelines for completing the evaluation do not start until consent has been given by the parent.

**(Step 5 must occur by the 60th day.)**

**↓**

**STEP 5: ELIGIBILTY CONFERENCE & IEP**

By the end of the 60th school day, the evaluation team must meet with the parent to decide if the child is eligible for special education services. If said child’s eligibility is affirmative, then an IEP team must then meet with the parent to develop for the student the IEP.

### Services do not begin until the parents signs the written consent.

**STEP 6: WRITTEN PARENTAL CONSENT & BEGINNING OF SERVICES**

Before the special education services can begin, the parent must provide written informed consent to allow the LEA to proceed with the service(s). Service(s) may begin no sooner than 10 days after the parent consents, unless the parent gives permission for the service to begin sooner.

**Disability Categories:**

Through the child find process, students’ learning disabilities are identified.

The disability categories and their respective definitions, according to IDEA, are as follows:

**Autism**: a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in

repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

**Deaf-Blindness**: concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that said children cannot be accommodated in special education programs solely for children with deafness or children with blindness.

**Deafness**: a hearing impairment so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child’s educational performance.

**Emotional Disturbance**: a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance:

* an inability to learn that cannot be explained by intellectual, sensory, or health factors
* an inability to build or maintain satisfactory interpersonal relationships with peers and teachers
* inappropriate types of behavior or feelings under normal circumstances
* a general pervasive mood of unhappiness or depression
* a tendency to develop physical symptoms or fears associated with personal or school problems

**Hearing Impairment**: an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational experience, but which is not included under the definition of deafness.

**Intellectual Disability**: significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child’s educational performance. The term “intellectual disability” was formerly termed “mental retardation.”

**Multiple Disabilities**: concomitant impairments (such as intellectual disability-blindness or intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that the students possessing them cannot be accommodated in special education programs solely for one impairment or just a couple impairments. Multiple disabilities does *not* include deaf-blindness.

**Orthopedic Impairment**: a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

**Specific Learning Disability**: a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an inadequate ability to listen, think, speak, read, write, spell, or perform mathematical calculations. This category includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. “Specific learning disability” does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

**Speech or Language Impairment:** a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.

**Traumatic Brain Injury:** an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child’s educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual, and motor abilities, psychosocial behavior, physical functions, information processing, and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by trauma at birth.

**Visual Impairment (including blindness)**: an impairment in vision that, even with correction, adversely affects a child’s educational performance. This includes both partial sight and blindness.

**Other Health Impairment**: having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and/or Tourette syndrome that adversely affects a child’s educational performance.7

### Proportionate Share & Consultation

“Proportionate share” refers to the total amount of IDEA-funds that are to be expended on providing to the private school students who attend school(s) that are located within each LEA special education services.8 Unlike their public-school counterparts who each have an individual entitlement to special education services under IDEA, private school students are granted to these services a group entitlement. This means, then, that not all private school students with disabilities will necessarily receive IDEA-funded services and may receive a different amount of services than their public-school peers.9

7 34 C.F.R. § 300.8.

8 34 CFR § 300.133.

9 34 CFR § 300.138(a)(2).

The essential questions of where, how, by whom, and to whom special education and related services will be provided are supposed to be answered during a process that law calls “consultation.” Throughout each school year LEAs must engage in “consultation” with the private schools that are located within them. This process involves “timely and meaningful” meetings between private school officials, representatives of parents of private school students, and LEA officials. 10

All private schools located in the LEA that educate students with disabilities should be invited by the LEA to participate in consultation. Private schools may designate a representative on behalf of the group.11 One or any number of the private schools located within the same LEA may participate in these meetings. After each consultation meeting, LEAs must obtain “written affirmation” from private school officials indicating both that the meeting has occurred and that it has been conducted in a manner that, in accord with the law, has been both “timely and meaningful.”12

Topics to be discussed during consultation meetings include (1) how the LEA will conduct child- find, (2) how consultation will continue throughout the school year to ensure that parentally- placed private school students can equitably participate in the LEA’s special education program,

(3) how the LEA has calculated (or will calculate) private school students’ “proportionate share” of the IDEA-funds allocated to it by the state department of education (in the case of Illinois, the Illinois State Board of Education), and (4) the provision of special education and related services.13

Private school representatives should actively partner with the LEA to determine the most impactful use of proportionate share funding.14 Specifically, private school representatives should wield decisive influence over determinations made by LEAs regarding (1) which private school students and disabilities will be served, (2) by whom these students will be served, and (3) where these services will be provided. IDEA permits services to be provided on-site at private schools, including at religiously affiliated private schools.15

Even though on all of these determinations LEAs are the final decision-makers,16 LEAs must provide to private school representatives a “genuine opportunity” to express their views and to have those views considered by the LEAs during consultation.17 This, after all, is the reason these mandated meetings between LEAs and private school representatives are called “consultation.” In cases in which LEAs and private school representatives disagree, LEAs must provide a written

10 20 U.S.C. § 1412(a)(10)(A)(iii).

11 See Q and A: Questions and Answers On Serving Children With Disabilities Placed by Their Parents at Private Schools, OSERS, April 2011 (revised), Answer to Question A-4.

12 20 U.S.C. § 1412(a)(10)(A)(iv).

13 20 U.S.C. § 1412(a)(10)(A)(iii).

14 See Q and A: Questions and Answers On Serving Children With Disabilities Placed by Their Parents at Private Schools, OSERS, April 2011 (revised), Answer to Question A-1.

15 20 U.S.C. § 1412(a)(10)(A)(i)(III).

16 34 CFR § 300.137(b)(2).

17 See Q and A: Questions and Answers On Serving Children With Disabilities Placed by Their Parents at Private Schools, OSERS, April 2011 (revised), Answer to Question A-1.

explanation of their reasoning regarding any decisions over which there is disagreement.18 If private school officials remain dissatisfied with their LEA’s decision, and if the LEA and the private school(s) are unable to resolve the problem, then private school officials can submit a complaint to the state education association (SEA) and, if necessary, the US Department of Education (hereafter, “US DOE”).19 As intimated above, the “SEA” in Illinois is the Illinois State Board of Education (hereafter, “ISBE”).

### The Calculation of Proportionate Share:

In each LEA, the calculation of proportionate share is based on (A) the total amount of the LEA’s IDEA allocation, (B) the total number of parentally-placed private school students attending private school(s) in the LEA who have been found to have disabilities, and (C) the total number of all students (public, charter, home-schooled, and private) attending school within the LEA who have been found to have disabilities.

The proportionate share is calculated by dividing A (the LEA’s total allocation) by C (the total number of eligible students). This results in the average allocation per eligible student, which is then multiplied by B (the total number of parentally-placed private school students attending private school(s) in the LEA who have been found to have disabilities).

The product is the proportionate share.20

The LEA may not deduct (or “set-aside”) either administrative costs or costs related to conducting child find from the private school students’ proportionate share.21 All proportionate share funds are controlled by the LEA.22 Private schools, private school students, or private school families may never directly receive the funds or exercise over said funds any administrative control.

Between October 1 and December 1 of each year, the LEA must determine the total number of parentally-placed private school students with disabilities attending private school(s) in the LEA.23 This the law refers to as the “count.” This count is used to determine the proportionate share for the subsequent fiscal year.24 Furthermore, if the funds allocated toward “proportionate share” for any given year are not fully spent during that year, then the remaining funds may be carried over to the next school year for the exclusive purpose of providing to parentally-placed private school students services.25

18 20 U.S.C. § 1412(a)(10)(A)(iii)(V).

19 20 U.S.C. § 1412(a)(10)(A)(v).

20 U.S. Department of Education, “The Individuals with Disabilities Education Act: Provisions Related to Children With Disabilities Enrolled by Their Parents in Private Schools,” Washington, D.C.: U.S Department of Education, March 2011, 10.

21 20 U.S.C. § 1412(a)(10)(A)(ii)(IV).

22 20 U.S.C. § 1412(a)(10)(A)(vii).

23 34 CFR § 300.133(c)(1).

24 34 CFR § 300.133(c)(2).

25 34 CFR § 300.133(a)(3).

### Proportionate Share & Pre-kindergarten Students:

LEAs have responsibility under the “proportionate share” provisions of IDEA for children who fall within the 3 to 5 years-old age range. The following guidelines are therefore suggested to clarify the relative obligations of LEAs of residence and so-called “serving LEAs” (i.e., LEAs responsible for serving students attending private schools within the boundaries of the LEA regardless of residence). Please note that these guidelines cover both child find obligations and the obligation to provide service(s) to such children.

For purposes of determining which facilities fall under proportionate share, please use the following guidelines:

* **For-profit daycare facilities, as well as pre-kindergarten and pre-school programs**, are *not* considered “elementary schools” for the purposes of proportionate share.26
* **Not-for-profit daycare facilities and pre-kindergarten programs that include an active kindergarten program** (i.e., with kindergarten-age students in actual attendance in a kindergarten program) *are* considered elementary schools and thus do fall under proportionate share.

### Timely and Meaningful Consultation (TMC):

As explained above, each LEA must consult annually with private representatives regarding child find, use of proportionate share funds, and the provision of special education services.

### When Should TMC be completed?

ISBE has established a deadline of no later than May 31 for all local LEAs to complete their TMC meetings with their respective private schools and parent representatives. Local LEAs must maintain the necessary documentation evidencing completion of the TMC.

### Timing of the TMC Invitations:

The purpose of notifying private schools of the TMC meeting is two-fold: (1) to provide the time and place for the meeting and (2) to secure the identity of the parent representatives who may wish to attend the TMC meeting.

ISBE strongly suggests that LEAs send out their notices to private schools no later than four weeks prior to the scheduled meeting. The notice that is provided to the private schools should include a request for private school officials to submit, to the LEA, the names and contact information of parents of students with identified disabilities attending the private schools no later than two weeks prior to the scheduled date of the TMC meeting. In turn, LEAs are urged

26 34 CFR 300.130, also 34 CFR 300.13, 300.16.

to send out notices to the identified parents no later than two weeks prior to the scheduled TMC meeting.

### Who Should Conduct TMC?

All Illinois LEAs are expected to complete the TMC process, *including* those LEAs that have a reported proportionate share calculation from ISBE of $0.00 for the previous school year.

### Who Should be Included in the TMC Meeting?

LEAs are expected to include the following persons in the timely and meaningful consultation process:

1. **Representatives/administrators of private schools:** LEAs should provide notice of TMC meetings to representatives of all known private school facilities within their respective jurisdictions. Such notice should be provided to facilities offering all or part of a kindergarten through 12th grade curriculum. However, this does *not* include facilities such as day care centers, youth centers, or other such facilities that do not offer K-12 curricular instruction, in whole or in part. LEAs are reminded that facilities not appearing on the ISBE list of registered private schools should still receive notice of scheduled TMC meetings.
2. **Parent Representatives of Private Schools:** Section 1412(a)(10) of IDEA 200427 states that the TMC process must also include “parent representatives” of students with disabilities who attend the private schools within a local LEA’s jurisdiction.

Because ISBE believes that private schools are in the best position to identify such parents, LEAs should request private school representatives to identify those individuals prior to conducting a TMC meeting.

LEAs are strongly urged to provide private schools with deadlines for the submission of parent names and contact information.

### Substantive Requirements of TMC:

LEAs must conduct TMCs in a manner that covers the five principal topics described in Section 1412(a)(10) of IDEA. These five areas are as follows:

1. **Child find** – Each LEA must discuss how it will be conducting the child find process and how interested parties will be informed of said process.
2. **Proportionate share**: Each LEA must disclose how much of its IDEA Part B funds have been allocated to full-time private school students, including full-time home-schooled students, and how that amount was determined.

27 20 USC Sec. 1412(a)(10)

1. **Meaningful participation**: Each LEA must describe the procedures it will use to ensure that private school students with disabilities will have the opportunity to meaningfully participate in special education and related services throughout the school year (i.e., the procedures by which parents of private school students with disabilities can access the services being offered by the LEA during the coming school year).
2. **Allocation of services:** Each LEA must describe the types of service that will be provided during the school year, including the location(s) of where the service will be provided. Included with this must also be a statement of how the LEA reached this conclusion and the rationale behind the conclusion.
3. **Proposals of the private school representatives:** Finally, the LEA must describe the process by which the LEA will provide a written response to proposals by the private school representatives, if and when the LEA were to disagree with those proposals.

Agendas and other documentation generated in connection with TMC meetings should provide clear evidence that all five of these areas were covered, including some detailed documentation of the substantive information the LEA disclosed during the meeting. The level of documentation required to show adequate coverage of these topics should be such that an individual who was not in attendance could ascertain both the topic area(s) discussed and specific information disclosed by the LEA in connection with the given topic area(s).

IDEA was reauthorized in 2004, and its regulations have been amended multiple times since. In 2004, the Individuals with Disabilities Improvement Act (IDEA 2004) was enacted to align the provisions of the IDEA with the No Child Left Behind Act of 2001 (NCLB). More recently, the IDEA regulations were amended in 2017 to align them with the Every Student Succeeds Act (ESSA) of 2015.

###  SECTION 4: 504 Plans & Catholic Schools

**Background:**

Section 504 of the Rehabilitation Act of 1973 can be found at 29 U.S.C. § 794.

Section 504 provides that “[n]o otherwise qualified individual with a disability in the United States

. . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance . . .” In other words, institutions that receive federal financial assistance cannot discriminate on the basis of an individual's disability.

This obligation does *not* extend to private entities, including private schools, that do *not* receive federal financial assistance. However, recent case law has created a great deal of uncertainty regarding the definition of federal financial assistance. For example, courts in Maryland and

California have recently held that private schools may be considered recipients simply in virtue of their status as nonprofit organizations that are exempt from federal income taxes.

The regulations implementing Section 504 can be found at 34 CFR Part 104. Section 504 is an anti-discrimination law and does not provide funding as IDEA does. However, many of the LEAs’ obligations under Section 504 are similar to their obligations under IDEA.

For example, LEAs must identify students with disabilities and inform the parents of these students of the LEAs’ obligations under this section.28 LEAs must also perform evaluations29 and provide students with FAPE.30 As previously explained, FAPE may include general or special education and/or related services. One means by which LEAs may fulfill this obligation is to implement the student’s IEP.31 However, if the LEA has made FAPE available at the public school and the student’s parents reject the offer of FAPE and choose to enroll the student in a private school, then the LEA is not required to pay for education at the private school.32

The term “disability” is also defined differently under IDEA and Section 504, respectively. To qualify as a student with a disability(s) under IDEA a student must have a disability(s) under at least one of the 13 disability categories identified under IDEA. Under Section 504, an individual with a disability(s) means a student with a “physical or mental impairment that substantially limits one or more major life activities.”33 The student may be protected by Section 504 even if he or she does not require any specialized services.

All students who require special education under IDEA are protected by 504, but the inverse is not always true.

### Section 504 as Applied to Private Schools:

As noted above, private schools that do *not* receive federal funds are not required to comply with Section 504. However, private schools that are recipients of federal funds (for example, private schools that participate in the *National School Lunch Program*) must follow the Section 504 standards for private schools. These particular private schools may not exclude students with disabilities if at these selfsame schools these students can “with minor adjustments be provided an appropriate education.”34 Furthermore, these schools also cannot charge more for the education of students with disabilities “except to the extent that any additional charge is justified by a substantial increase in cost to the recipient.”35 Again, this standard only applies to private schools that are recipients of federal financial assistance.

28 34 CFR pt. 104.32.

29 34 CFR pt. 104.35.

30 34 CFR pt. 104.33.

31 34 CFR pt. 104.33 (2).

32 34 CFR pt. 104.33 (c)(4).

33 34 CFR pt. 104.3 (J).

34 34 CFR pt. 104.39 (a).

35 34 CFR pt. 104.39 (b).

### Written Plans for Accommodations:

There is no requirement in Section 504 that public or private schools write 504 plans.

However, a written plan is often a useful way to document that a school and/or an LEA has fulfilled its obligation to identify a qualified student with a disability(s) and has effectively communicated the means by which FAPE will be provided.36 US DOE’s Office of Civil Rights (US DOE OCR) therefore encourages schools and/or LEAs to write plans to document compliance and avoid miscommunication.

Catholic schools in the Diocese of Peoria that receive federal funds (such as those schools that participate in the *National School Lunch Program*) and also those Catholic schools that do not receive any federal funds are encouraged to write a school-based plan for any student who would be protected by Section 504 if said student were to attend a public school. However, Catholic schools are explicitly advised to not include in the title of such plans the appellation “504”so as not to create confusion for parents. Rather, plans can be titled “Accommodations Plan, “Student Success Plan,” “Individualized Learning Plan,” etc. It is recommended that such plans include the school logo, street address, phone number, and the principal’s name and title.

### Equitable Services for Private Schools and Impact on Recipient Status:

Private schools that receive equitable services through federal grant programs such as IDEA, ESSA or EANS are not considered recipients of federal funds and are not subject to the nondiscrimination provisions of Section 504. Since LEAs are the fiscal agent for these programs, LEAs – and not private schools – are considered the recipients of these funds.37

###  SECTION 5: Assisting Students in the Classroom

**MTSS, RTI, PBIS, & Student Support Teams:**

MTSS, which is the acronym for “Multi-Tiered System of Supports,” is the process by (or

“framework” within) which students are grouped into tiered levels of support. The 1st tier consists of the whole class.

The 2nd tier consists of students who require small-group educational and/or behavioral intervention(s). Examples of students who are classified into this tier include those who are struggling to read at grade-level.

36 See Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools, U.S. Department of Education Office for Civil Rights December 2016, page 10. Available at

<https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>.

37 See Office of Non-Public Education Frequently Asked Questions – General Issues Related to Private Schools August 2019, Question 11.

The 3rd tier consists of students who require intensified, individual educational and/or behavioral intervention(s). Students for whom 2nd tier interventions are not sufficient are classified into this 3rd tier.

Movement amongst the three tiers is fluid and is not determined or defined by specific designations, such as diagnosed disabilities. Rather, movement is supported by data from diagnostic assessments, progress monitoring, and how a student responds to intervention(s).

Tier 1 includes supports that are available to all students through a general education program. Inclusive practice, which is linguistically responsive and culturally sustaining, is a cornerstone of Tier 1. Inclusive practice is defined as “instructional and behavioral strategies that improve academic and social emotional outcomes for all students, with and without disabilities, in general education settings.”38 The Massachusetts Department of Early Education, for example, counsels teachers to provide, as part of MTSS, “options and choices regarding (a) how they learn (i.e., access to books, videos, or teacher instruction), (b) with what materials, scaffolds and supports they learn (i.e., visuals, graphic organizers, rubrics, etc.), and (c) how they can express what they have learned will allow more students to access rigorous, standards-based instruction.”39

Tier 2 supports occur in addition to the supports that are provided in Tier 1 settings. Tier 2 supports are generally provided in small groups and include additional opportunities to practice the skills necessary for core instruction or strategies for enrichment.

Tier 3 provides more intensive support consisting of often explicit, focused interventions that occur individually or in very small groups. It is important to note that Tier 3 is not synonymous with special education. Students with learning differences may not need Tier 3 supports, whereas students not identified with a learning difference may in fact need Tier 3 supports.

The tiers described above and the MTSS process, more generally, include and combine “Response to Intervention” (RTI) and “Positive Behavioral Interventions and Supports” (PBIS). RTI utilizes student assessment data and continuous monitoring in order to identify students’ academic challenges and calibrate/design for said students targeted interventions,40 whereas PBIS promotes through the use of explicit school-wide and classroom-specific instruction positive student behavior.41 In addition to PBIS, various other behavioral initiatives such as social-emotional learning (SEL), restorative practices, and/or culturally responsive teaching may also be utilized within the MTSS “framework.”

The six “tenets” of MTSS are as follows:

38 Massachusetts Department of Early Education, “Educator Effectiveness Guidebook for Inclusive Practice,” Introduction, 2017, last updated January 19, 2019. Available [here.](https://www.doe.mass.edu/edeval/guidebook/)

39 Massachusetts Department of Elementary and Secondary Education, “Multi-Tiered System of Support, A Blueprint for Massachusetts,” 9, 2018. Available [here.](https://www.doe.mass.edu/sfss/mtss/blueprint.pdf)

40 Michael Boyle, Response to Intervention: A Blueprint for Catholic Schools (Arlington: National Catholic Educational Association, 2014), 6-7.

41 According to [The Center on PBIS,](https://www.pbis.org/) PBIS is “an evidence-based three-tiered framework to improve and integrate all of the data, systems, and practices affecting student outcomes every day.”

1. All students are capable of grade-level learning with adequate support.
2. MTSS is rooted in proactivity and prevention.
3. MTSS utilizes evidence-based practices.
4. Decisions and procedures are driven by school and student data.
5. The degree of support given to students is based on their needs.
6. Implementation of MTSS occurs school-wide and requires stakeholder collaboration.42

The Student Support Team consists of the principal, vice-principal (if applicable), and seven to ten school staff consisting of teachers, primarily, and also school counselors and/or nurses who, collectively, represent diverse grade-levels, departments, etc. Relying on data to solve student- related academic and behavioral challenges, the Student Support Team meets on a regular (i.e. usually monthly) basis to facilitate MTSS implementation.

**An accommodation(s)** is any alteration made to a learning environment, teaching method, or lesson directive that is intended to aid or otherwise facilitate for a student with a learning difference(s) access to and success with learning, at more or less the same level as other students. An accommodation does not alter for any student(s) the teaching and learning goal(s) or expectations; rather, an accommodation merely grants to the particular student(s) a different means by which (s)he can reasonably achieve, at the same relative level as other students, said learning goal(s). Alternatively, a **modification** pertains to the learning goal(s) or expectation(s) itself, altering said goal or expectation to be lower in degree of erudition than the goal or expectation that is to be achieved by other students.

Accommodations for students with ADHD most often include

decreasing the length of an assignment (e.g. writing shorter papers, answering fewer test questions, or completing fewer homework problems). The overall format of an assignment might be modified as well. Examples of these modifications include dictating written assignments into a tape recorder or presenting a project orally instead of via writing.

An overview of additional possible accommodations is as follows:

42 Jolie Ziomek-Daigle, Emily Goodman-Scott, Jason Cavin, Peg Donohue, “Integrating a Multi-Tiered System of Supports With Comprehensive School Counseling Programs,” The Professional Counselor, Volume 6, Issue 3, Pages 220–232, 2016, available [here](https://files.eric.ed.gov/fulltext/EJ1115900.pdf) for download.

1. **Decreasing assignment length:** Students with ADHD have difficulty getting started with and finishing tasks. An assignment with ten questions that takes the average student ten minutes may take the student with ADHD 30- minutes. This accommodation is most useful for shorter assignments such as independent classwork and homework.

In many instances, a learning disability may also affect students with ADHD. As many as 45% of children with ADHD have a co-occurring learning disorder, as compared to only 5% of children without ADHD. It is often important to assess and test for co- occurring learning disabilities to create a plan and choose accommodations that work best for each student with ADHD.

1. **Tailoring assignments to a student’s ability level:** Assignments that are meant to develop skills and show new mastery can be tailored to

each student’s level. Students with ADHD have the most difficulty focusing on tasks that are too easy or too complex. Thus, assigning only those segments of the assignment that the student hasn’t yet shown to have mastered is recommended.

1. **Visual representation of time**: Neither 1 or 2 may consistently work well alone. Students with ADHD also have an impaired sense of time, making it difficult for them to manage time well. Giving students a timer or providing to them some other practical means of keeping track of time in order to keep them informed of how much time has passed and the amount of time remaining can help these students to stay on time and, most importantly, on task.
2. **Dividing assignments into parts**: Another way to help with time impairments, as well as forgetfulness and self-tasking deficits, is to divide large assignments into multiple components with separate deadlines. For example, if a teacher has assigned to students a research paper that is due in six weeks, then for students with ADHD the teacher can break the assignment into parts. Part one could be an outline due at the end of the second week. Part two could be a first draft of the paper due at the end of the fourth week. Part three could be the final draft of the paper due at the end of the sixth week. It is important to make each part or component of the assignment a separate “assignment” with individual due dates. Only when one part/component is completed are the instructions for the next part/component then given to the student.
3. **Provide flexibility on format**: Some students with ADHD perform written and reading assignments very slowly. For writing assignments, allowing these students to complete a written assignment by dictating their respective ideas to someone else or into a tape recorder is recommended. For reading assignments, permitting these students with ADHD to listen to a passage which is read aloud to them might also work well.
4. **Consistent positive reinforcement**: While the above accommodations will work for most students, after a period time they may prove to be insufficient *in the absence of additional motivation*. Furthermore, students with ADHD are often noticed because of their struggles – behavioral, academic, and/or otherwise. For students with ADHD to be successful, therefore, appropriate behavior should be reinforced frequently and their positive efforts, including even the most minor academic “successes,” must be constantly and consistently

praised. Teachers ought to devise a plan to affirm these students when these students behave as expected and give to these students extra encouragement and reassurance during more challenging times/assignments so that these selfsame students can develop confidence that they are on the right track. Positive reinforcement helps these students develop the motivation to succeed, making assignment accommodations in the end even more effective.

The following table contains a list of additional sample accommodations and modifications.

|  |  |
| --- | --- |
| **Accommodations** | **Modifications** |
| * Preferred seating
* Extended time for tests
* Using a highlighter to identify key words
* Providing verbal instructions in writing
* Providing movement breaks
* Chunking tests/assessments
* Using graphic organizers
* Using a scribe
* Verbal and visual cueing
* Using noise cancelling headphones
* Allowing a student to stand while working
 | * Offering reading materials that are grade- level curriculum topics, but are written at a lower reading level
* Allowing a student to answer essay questions in bullet form, rather than essay form
* Offering spelling words that are at a lower grade level
* Grading a student based on his/her ability level, rather than grade level
* Exempting a student from certain activities, not due to absence, but rather ability
 |

### Attention Deficit Hyperactivity Disorder (ADHD):

**Inattentive symptoms:** Students with inattentive symptoms are easily distracted and have trouble focusing. Everything competes for their attention. They often struggle to follow through with instructions and have difficulty with organization.

To help students with managing inattentive symptoms, the following accommodations can be effective:

* Seating the student in an area with fewer distractions (e.g. near the teacher’s desk, away from

windows and doors, etc.)

* Seating the student next to positive role models, that is, peers who are unlikely to be a source of distractions
* Breaking long assignments into smaller parts/components
* Making sure all assignment directions are clear and provided in writing and/or checking with the student before (s)he completes an assignment to see if (s)he has heard and understood the instructions
* Allowing the student to take tests in a different room that is quiet and has few distractions and/or or using aids such as headphones to create for the student quiet spaces within the classroom itself
* Giving to the student additional time to complete assignments, projects, and tests
* Providing breaks, during which the student is encouraged to stand, stretch, and/or engage in other physical movements, etc.
* Providing tools to help with organization, such as colored folders, a notebook with dividers, or a homework assignment book

**Hyperactive-impulsive symptoms:** Students with hyperactive-impulsive symptoms move a lot. They fidget, squirm, and have difficulty staying seated. They often talk excessively, blurt out answers, and have trouble taking turns.

To help students manage their hyperactive-impulsive symptoms, the following accommodations can be effective:

* Seating the student in an area with fewer distractions (e.g. near the teacher’s desk, away from

windows and doors, etc.)

* Permitting the student to stand, sit on the floor, or even move around while completing assignments
* Seating the student next to positive role models, that is, peers who are less likely to provide distractions and serve as good role models
* Providing breaks, during which the student is encouraged to stand, stretch, and/or engage in other physical movement, etc.
* Simply ignoring minor misbehavior
* Allowing the student to take tests in a different room, one that is quiet and has few distractions and/or or using aids such as headphones to create for the student quiet spaces in the classroom
* Praising the student when (s)he exhibits appropriate behavior such as raising his/her hand, etc.
* Using a “speaking stick,” a “talking pillow,” or some other object that gets passed around during class discussions as a cue to indicate whose turn it is to speak

**Combined Symptoms:** Many students with ADHD show a combination of inattention and hyperactive-impulsive behaviors.

With these students, teachers can use a variety of accommodation suggestions from both of the above lists.

One of the best ways to identify which accommodations might work best is to observe the student’s “natural” behavior and then initiate accommodations that will, in combination, either reinforce appropriate, positive behavior and/or discourage improper behavior.

Some sample behaviors and possible accommodations in response are as follows:

|  |  |
| --- | --- |
| **Sample behavior** | **Suggested accommodation** |
| Constantly moving/shiftingin seat | Provide options from which the student can choose to bothcomplete his/her work and take breaks while doing so |
| Wavering attention andblurting out answers | Offer consistent praise for raising his/her hand; also, seat thestudent in an area of the classroom with minimal distractions. |
| Difficulty completing assignments due todistractedness | Provide an alternative test setting; break up assignments; allowing to the student extra time to complete assignmentand tests |
| Behavior that other students find annoying, such as constantly tapping his/herpencil | Inform the student, privately, that incessant pen tapping is annoying to others and ask the student for how else (s)he could remain focused e.g. instead of tapping pen on the desk,the student could wave it |

**Getting students with ADHD to successful begin (and hopefully conclude) assignments:** Getting students with ADHD started on assignments both in school and at home requires students to engage their attentional abilities.

Students must be alert to the task at hand, possibly shifting focus to a new activity, and have the mental acuity and stamina that are necessary to initiate and then follow-through on the task(s) that are necessary for the completion of the assignment. Students may find it helpful to be able to preview or think about the outcomes of an assignment and/or the constituent tasks before beginning them. In addition, students who have a strong sense of “step-wisdom,” that is, students who know in advance how tasks or activities can and will be broken down will be able to determine the first step needed to get started on an assignment (or task) without getting overwhelmed.

Here are some strategies to help students improve their ability to get started on classroom or homework assignments.

Getting Started & Teacher Techniques

Teachers should encourage students to preview (think about ahead of time) what the completed assignment will look like. For example, have students use prediction charts when reading to organize their predictions and maintain them for later reflection and prompt students to preview elements of the text to gain information before reading, e.g., the title, pictures, etc. In addition, teachers should provide “jump-starts” for students to help them to begin homework or classroom assignments. For example, teachers could provide the first sentence of the paragraph they are to write, start the first few math problems, read the first paragraph of the story/passage they are to read, etc.

In addition, teachers should encourage these students to start a homework session or study period by planning what will be accomplished during the session. If necessary, teachers should help these students to develop objectives that are clear, specific, and measurable. Furthermore, teachers should encourage students to include, as a regular part of their study or homework routine, this

kind of “pre-work” review. For example, teachers should suggest that students start a homework or study session with a quick review of either the last assignment completed. This sort of reviewing can be brief, and can be thought of as a kind of “warm-up” to get students started on the task at hand.

Teachers should have students practice solving problems in which estimation, prediction, and outcome comparison are necessary steps. The subject matter and nature of the problems should be varied. For example, in writing, teachers should employ story-starter activities, as well as collaborative writing wherein each student contributes to a single work a segment. In social studies, teachers may have students make predictions about historical events before learning about the actual, outcomes of the history they are about to study.

Lastly, teachers should use affinity areas, or topics/activities of high interest to students to enhance the likelihood that said students will initiate their work on and sustain their progress toward the completion of an assignment. Students should assess students’ attitudes about assigned activities, and teachers should be sure that students feel that their abilities match the demands of the work to which they have been assigned. Teachers should be cognizant that a student’s fear of doing a less-than-perfect job might be interfering with this same student’s willingness to start an assignment on his/her own.

### Working Memory & ADHD:

The concept of “working memory,” which was first developed in the 1960s, refers to that “part” of the human mind wherein and whereby a person is able to hold and manipulate, for short- periods of time, data and information. “Working memory” is operative when, for example, a person who is anticipating a trip to the supermarket checks the contents of his refrigerator and kitchen cabinets to determine his shopping list, and then with the shopping list ensconced in his memory, goes to the supermarket, curates, and purchases the needed items.

“Working memory,” and the functioning thereof, correlates with intelligence and scholastic achievement.43 Furthermore, it is strongly suspected that students with ADHD suffer from “working memory” deficits.44

Accordingly, a collection of strategies and accommodations have been developed by [LD@school](https://www.ldatschool.ca/) to address these deficits, which the table that follows details:

43 Alex Burmester, “Working Memory: How You Keep Things “In Mind” Over the Short Term,” The Conversation

US, June 5, 2017, published in [Scientific American.](https://www.scientificamerican.com/article/working-memory-how-you-keep-things-ldquo-in-mind-rdquo-over-the-short-term/)

44 Paweł Dobrakowski & Grażyna Łebecka, “Individualized Neurofeedback Training May Help Achieve Long-Term Improvement of Working Memory in Children With ADHD,” Clinical EEG and Neuroscience, vol. 51, 2: pp. 94- 101, first Published October 3, 2019.

|  |  |
| --- | --- |
| **Need/Difficulty related to working memory** | **Strategies & Accommodations** |
| The student has difficulty arriving at an overview of a complex situation. | * Reduce elements that can interfere with working memory
* Repeat information and make connections to other concepts
* Present concepts in a variety of different ways, using visual aids that allow encoding
 |
| The student has difficulty independently starting or completing a task. | * Break the information into smaller instructional units
* Reduce the volume of work
* Provide memory aids and visual supports, including graphic organizers
* Monitor the student’s work to head off

delays* Reduce the number of exercises and focus on the most important exercises
 |

|  |  |
| --- | --- |
| The student struggles to retain new words and remembering new vocab. | * Frequently review previous knowledge
* Engage in visual and auditory memory games
* Present words and content in a variety of forms
* Allow the student to use reference tools (posters, dictionaries, lists of procedures)
 |
| The student has difficulty making inferences. | * Activate the student’s previous knowledge and present concepts in a variety of forms, using visual aids

conducive to coding and correlating |
| The student has difficulty following a sequence of steps or multi-step task | * Reword instructions, using short sentences
* Ask the student to reflect back on what (s)he has just heard; the teacher should then remind the student of anything (s)he may have missed
* Allow periods of time for review
* Provide memory aids and visual supports (posters, dictionaries, lists of procedures)
* Present concepts in a variety of ways
* Break tasks into smaller instructional units
 |
| The student has difficulty representing a problem visually; (s)he has weak reasoning skills. | * Play visual and auditory memory games
* Present concepts in a variety of ways, using visual supports
* Reduce the volume of work
* Provide memory aids and visual

supports (posters, graphic organizers, lists of procedures) |
| The student has difficulty remembering factual knowledge and procedural knowledge (e.g. verb declensions, and mathematical procedures). | * Personalize reference tools, memory aids, and routines
* Repeat information in a variety of ways, making connections to other concepts and visual supports
* Do frequent reviews
 |

|  |  |
| --- | --- |
| The student has difficulty transferring the concepts he/she has learned in other situations. | * Activate previous knowledge, making connections to other concepts
* Break instruction down into several, explicit steps
* Provide opportunities for the student to repeat the task, adding details
* Provide information in a variety of ways (in writing, with visual supports)
 |
| The student has difficulty remembering what (s)he has just read, heard, wants to say, or was told to do. | * Present concepts in a variety of ways, with visual or auditory supports
* Do frequent reviews
* Break down instructions and steps
* Provide written instructions, posters, graphic organizers, etc. as reference tools
* Provide oral clues for problem- solving, writing out keywords
* Repeat information in a variety of ways (visual, verbal, figure, checklist)
 |
| The student loses or forgets his/her personal belongings. | * Develop specific routines and

procedures for daily activities. |

### Dyslexia:

Dyslexia is a language-based learning disability, consisting of a variety of symptoms that result in students experiencing difficulty with specific language skills, particularly reading. Dyslexic students may also experience difficulties with other language skills such as spelling, writing, and pronouncing words.

Dyslexia’s overall impact on a student can range from mild to severe.

Said impact can be mitigated by the accommodations that are exhibited in table on the next page:

|  |  |
| --- | --- |
| **Writing accommodations** | **Giving instructions or directions** |
| * Allow the student to dictate work to a parent or aid
* Provide speech-to-text software
* Offer alternative projects instead of written reports
* Photocopy another child’s notes or designate a note-taker who will share notes with the student at the end of class
* Minimize the amount of copying from the board
* Allow the student to use a keyboard to take notes
* Let the student answer questions orally rather than writing the answer
* Reduce the amount of written work
 | * Break large tasks into steps
* Give directions in small steps
* Read written directions or instructions to the student
* Provide alternatives to writing assessments, use an online calendar, provide the student with a written list of assignments each morning, have a buddy student write assignments, send an email list of assignments to the student and/or parent
* Give examples when giving instructions
* Make eye contact with a student when giving directions
 |
| **Homework accommodations** | **Testing accommodations** |
| * Reduce homework, especially assignments requiring reading
* Allow the student to dictate answers to homework to a parent, sibling, or tutor
* Allow typewritten homework
* Use worksheets with minimal writing required
* Limit the amount of time a student is expected to spend completing homework
* Do not penalize a student for homework that is completed/turned in late
 | * Allow the student to take tests orally and provide to the student extra time
* Orally review test directions
* Provide alternatives to testing, such as projects, oral or video presentations, etc.
* Read test questions to the student and write down answers as the student speaks the answer
* Allow tests to be taken outside of the classroom, in a quite area with minimal distractions
 |

|  |  |
| --- | --- |
| **Classroom accommodations** | **Technology accommodations** |
| * Write schedules on the board
* Write classroom rules on the board
* Write homework assignments on the board throughout the day
* Have the student sit near the teacher
* Use color-coding to organize the classroom, the student’s desk, etc.
* Use multi-sensory activities to further the

student’s understanding of topics* Use a positive reinforcement system of classroom and student management, with rewards and consequences
* Create private signals for a student to use when (s)he is frustrated
* Increase communication with parents via daily or weekly emails and phone calls
* Assign classroom jobs that will help to

increase the student’s self-esteem | * Provide computers that have speech- recognition software
* Allow the use of electronic spell-checkers
* Provide software that enlarges images on a computer screen
* Provide the student with a computer to complete classwork
* Allow students to tape-record lessons
 |

### Auditory Processing Disorder (APD):

Auditory Processing Disorder (APD) is a disorder in which a person with normal hearing has difficulty understanding speech and, specifically, subtle differences between the sounds of different consonants and vowels. For example, a person with ADP may not auditorily recognize the difference between “hat,” “that,” and “mat.”

A phonemic disability that is not related to a person’s intelligence, ADP may result in a person struggling with auditory discrimination (the ability to distinguish between separate sounds), auditory figure-ground discrimination (the ability to focus on important sounds within a noisy setting), auditory memory (the ability to recollect what (s)he had just heard), and/or auditory sequencing (the ability to understand/recall the order of sounds and words).

ADP can be difficult to diagnose and challenging to treat.

Schools can implement the following accommodations and modification to help students with APD:

|  |  |  |
| --- | --- | --- |
| **Classroom environment** | **Giving instructions** | **Introducing new concepts** |
| * Provide a quiet place for independent work
* Let the student sit near the teacher/away from auditory distractions, like doors and windows
* Check in frequently to make sure that the student understands directions
* Provide an assistive listening device so that the teacher’s voice is clear and easily heard by the student
* Give to the student extra time for testing
 | * Give step-by-step instructions, and have the student verbally repeat them
* Use attention-getting phrases like, “This is important to know because . . .”
* Decide with the student on a nonverbal signal to be used by the teacher to demonstrate to the student that a key point is being made
* Repeat key information throughout the lesson and rephrase as necessary
* Use visual tools, images, and gestures to enhance and support spoken lessons
* Break down test or classwork instructions into short, written steps
* Highlight key words and ideas on worksheets
* Give written homework instructions
* Provide a written list of homework assignments for the day/week
 | * Speak clearly and slowly when presenting new information
* Give material on a new concept to the student before it is taught to the whole class
* Give a list of or highlight key vocabulary/concepts for upcoming lessons
* Give a short review of the preceding lesson before teaching something new
* Give to the student an outline of the lesson
* Base the student’s grade on the student’s achievement of the essential lesson goal and not on unrelated matters such as spelling errors, etc.
 |

###  SECTION 6: Consulting a Pediatrician

A great resource to parents who are trying to understand, get to the bottom of, and identify possible solutions to their students’ struggles in school is the family pediatrician.

A pediatrician may be contacted if a student is or is suspected of having difficulties with any or some combination of the following:

|  |  |
| --- | --- |
| * Hearing
 | * Sleep/fatigue
 |
| * Vision
 | * Appetite
 |
| * Mobility
 | * Frequent somatic complaints
 |
| * Attention
 | * Recurrent illness
 |
| * Developmental milestones
 |  |

Before a teacher encourages one of their student’s families to consult with their child’s

pediatrician, the teacher should consult with the principal or some other administrator.

The school could offer to be in contact with the student’s pediatrician, but if this were to occur, then the parents/guardians should first sign a release that grants to the school permission and authorization to communicate with the pediatrician.

Depending on the area of concern, the pediatrician may send paperwork to the school to be completed by the student’s teachers. Once the paperwork has been completed, the teacher should give it to the principal for review. Then, the paperwork should be securely faxed or scanned and emailed directly to the requesting physician. The school should retain a copy of the completed paperwork in the student’s confidential file.

Depending on the family’s circumstances and insurance, the family may not have a pediatrician. In these cases, the school should advise the family to go to a local clinic or emergency care facility to seek the needed medical advice, and should help the family locate these resources if the family is unable to do so on its own.

###  SECTION 7: IEP/ISP Hyperlinks

1. [Illinois IEP form](https://www.isbe.net/Pages/SpED-IEP-Forms.aspx)
2. [Illinois IEP Guidance](https://www.isbe.net/Documents/iep_instructions.pdf)
3. [Sample ISP form](https://mcusercontent.com/5693bcf8a4aeddfa560aa8ea8/files/a8c93310-28ff-c41d-36d8-1894443b2ae7/Individual_Service_Plan.pdf)

###  SECTION 8: Diocese of Peoria Education Forms

**Form A**

*The following statement should be included in the site school’s registration paperwork:*

Parent(s)/Guardian(s): Does your child have any exceptional learning needs for which

an accommodation is necessary for the 2022-2023 school year?

 Yes No

The school will contact requesting families for student eligibility and evaluation for curricular accommodations.

**Form B**

*A follow-up letter should be sent to families requesting accommodations for their student at the time of registration:*

(DATE)

Dear (PARENT/GUARDIAN NAMES):

At registration for the 2022-2023 school year, you indicated that some accommodations are needed in order for your child to participate in our curriculum. To assist our families with this request, we will need for you to provide the following information for the school’s review:

* A brief **personal statement** by the family describing the learning needs of their student; and
* **Current professional documentation** that specifically addresses the exceptional need(s) and how it ‘substantially limits one or more of the major life activities’, *i.e*., learning. This documentation should be dated within the last two years and include one or more of the following: testing from a school psychologist or another public/private professional; an Individualized Education Plan (IEP) written by public school personnel; and/or medical statement(s) from a licensed medical doctor or professional.

The supportive documentation must be returned to the school no later than (DATE), in order for curriculum adjustments to be considered for your child. After your request and the documentation have been reviewed for student eligibility, an accommodations plan will be written. The school may also request an interview with the student and family if clarification is needed.

If you have any questions, contact the school as soon as possible. Please note that the school will adhere strictly to the deadline date for the return of current professional documentation.

Sincerely,

(PRINCIPAL’S NAME)

Enclosure: *Family Personal Statement*

**Form C**

*The Family Personal Statement is sent with the preceding letter.*

### FAMILY PERSONAL STATEMENT

**(SCHOOL’S NAME)**

### 2022-2023

* 1. Demographic Data Name of Student:

Date of Birth:

Year in School: Parent(s)/Guardian(s) Name:

Address:

Phone Number:

* 1. Brief Description of the Student’s Learning Needs
	2. Statement Description

Please answer the following question: ***“How does your student’s exceptional***

***needs substantially limit one or more of the major life activities, i.e., learning?”***

* 1. Professional Documentation

Testing, attached: Yes No Medical Statement(s), attached: Yes No Other, attached: Yes No

**Form D**

*The school principal and team meet to discuss the family’s request for accommodations for their child. This form should be used, either in the family interview or with the team’s review process.*

### CASE CONFERENCE FORM

**Student’s Name:**

### Date of Meeting:

**Supportive Current Professional Documentation attached?**

* + 1. Describe the reason for this meeting.
		2. Describe or attach the accommodations that will be included in the student’s

plan.

* + 1. Names and signatures of school personnel and family present at the meeting.

**Form E**

*This cover letter should be sent to the eligible student’s family with the accommodations plan that is written. A*

*sample list of accommodations is included in Part III of this Guidance Document.*

(DATE)

(PARENT/GUARDIAN NAME) (ADDRESS)

Dear :

Enclosed is a copy of the 2022-2023 *Accommodations Plan* for your student. It is important that you review this document carefully. If there are no corrections, please return the plan with your signature, indicating approval. After the other signatures are obtained, a Xeroxed copy will be sent to you for your personal file. The *Accommodations Plan* is a confidential document and will be shared with your student’s teachers and other appropriate personnel for the school year.

If you have any questions, please contact me as soon as possible. Thank you for your assistance.

Sincerely,

(PRINCIPAL’S NAME)

Enclosure: 2022-2023 *Accommodations Plan*

**Form F**

*When distributing the student’s Accommodations Plan to the appropriate faculty/staff in your diocesan school,*

*the following memo may serve as a cover letter:*

TO:

FROM: DATE: RE:

(CLASSROOM TEACHER/OTHER APPROPRIATE SCHOOL PERSONNEL)

(PRINCIPAL’S NAME)

Accommodations Plan/2022-2023

Enclosed is an Accommodations Plan written for (STUDENT’S NAME). Students are eligible for the accommodations per parental request and current supportive professional documentation.

*Please read this plan carefully. It is a confidential document. Sign and return the plan by (DATE).*

A conference may be scheduled before the start of the school year to discuss parental concerns or any part of a particular student’s plan. You will be notified when these conferences will occur, as needed.

When all the signatures are recorded on the student’s plan, a copy will be made for you. Per current school law, the *stipulations listed in the student’s accommodations plan must be followed*. If you have any questions, please contact me as soon as possible.

Thank you.

###  SECTION 9: Miscellaneous Resources & References

A sample list of accommodations and other references and resources are present in Part III of this Guidance Document. The school principal is encouraged to convene a small team of faculty members to assist with the writing of accommodations plans for eligible students. Each plan is individualized; therefore, team members should be familiar with the student population.

**Resource #1: Sample Accommodations/Student Success Plan**

*A sample accommodations plan for a student is given below. To qualify for a plan, please refer to pages 4-5 in this Guidance Document or eligibility and evaluation requirements. The school principal and an assigned team are to be included in the writing of this plan. The plan is a* ***confidential*** *document and the stipulations therein must be followed by the appropriate school faculty/staff, including the school nurse, whenever applicable.*

### (NAME OF STUDENT) (NAME OF SCHOOL) ACCOMMODATIONS PLAN 2022-2023

Year in School:

Reason for Accommodations:

e.g., “The student has (or has a history of having) the condition of (e.g. “dyslexia,” “ADHD,” or “asthma”) which substantially limits the life function(s) of (e.g. “learning,” “mobility,” or “communication”) and needs the following to access the (e.g.

“curriculum,” “school building,” or “science lab”):

ACCOMMODATIONS:

*(Please refer to the next page for a list of accommodations*

*that may be written into the student’s plan).*

Signatures:

Principal/Date Parent(s)/Guardian(s)/Date

Classroom Teacher/Date School Nurse/Date (if applicable)

Classroom Teacher/Date Classroom Teacher/Date

[SCHOOL LOGO] [NAME OF SCHOOL]

[SCHOOL ADDRESS]

[SCHOOL TEL. #]

**[SCHOOL NAME]**

**Student Success Plan**

|  |
| --- |
| **Student Summary** |
| **Student’s full name:** |  | **Student Photo** |
| **Student’s preferred****name (nickname):** |  |
| **Date of birth:** |  |
| **Gender:** |  |
| **Street address City, State Zip code:** |  |
| **Current grade level:** |  | **Date of enrollment:** |  |
| **Student’s primary****language:** |  | **List of all previous schools attended:** |  |
| **Parent’s primary****language:** |  | **Grade/s student has****repeated if any:** |  |
| **Is an interpreter needed?** |  | **Medical diagnosis/es:** |  |

|  |
| --- |
| **Attendance History** |
|  | **2020-2021** | **2021-2022** | **2022-2023** |
| **Absences** |  |  |  |
| **Tardies** |  |  |  |

|  |
| --- |
| **Parent/Guardian Contact Information** |
| **Name** | **Role** | **Phone Number** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Qualifying Information** |
| **Directions:** Note how this student qualifies for the [SCHOOL NAME’S] Student Success Plan. Mark all that apply and date of qualification. Attach a copy of the qualifying documentation withthis plan in student’s cumulative folder. |
| **Qualifying evaluator/s** | **Check all that****apply** | **Date of determination** | **Contact name and number of case manager or****physician:** |
| [LEA] found student eligible for IEP services if student was attending a public school. |  |  |  |
| [LEA] found student eligible for a 504 plan if student was attending a public school. |  |  |  |
| Private physician’s evaluation determined need for a [SCHOOL NAME’S] Student Success Plan. |  |  |  |
| Other (please explain): |  |  |  |

|  |
| --- |
| **Summative Assessments** |
|  | **2020-2021** | **2021-2022** | **2022-2023** |
| **MAP Reading** |  |  |  |
| **MAP Math** |  |  |  |

|  |
| --- |
| **Identified Areas of Need:** |
| **Directions:** Identify areas impacted by student’s diagnosis/es in each of the Illinois State Boardof Education’s learning standards. |
| **Subject** | **Accommodations****/ Modifications** | **Subject** | **Accommodations/ Modifications** |
| Reading Fluency | ☐ | Math Calculation andNumber Sense | ☐ |
| ReadingComprehension | ☐ | Math Reasoning andProblem Solving | ☐ |
| Written Expression | ☐ | Social Emotional Learning | ☐ |
| Oral Expression | ☐ | \*PE/Health | ☐ |
| ListeningComprehension | ☐ | Independent Functioning | ☐ |

\*PE/Health includes gross motor skills, sensory integration ability, fine motor skills, etc.

|  |
| --- |
| **Student Strengths** |
| **Work Habits and Academics** | **Citizenship** |
| * Organizes materials
* Comes prepared to class
* Turns in work on time
* Follow routines well
* Is a self-starter
* Can ignore distractions
* Flexible thinker
* Good working memory
* Legible handwriting
* Good keyboarding skills
* At grade level work in reading
* At grade level work in math
* At grade level work in writing
* Other: Click or tap here to enter text.
 | * Treats others with respect
* Polite
* Considerate of others’ feelings
* Takes turns and shares
* Listens to others’ ideas
* Takes responsibility for mistakes
* Requests assistance when needed
* Works well in one-to-one setting with peers
* Works will in groups
* Respects property of others
* Respects personal space of others
* Respects uniqueness of others
* Follows classroom rules
* Other: Click or tap here to enter text.
 |

|  |
| --- |
| **Accommodations** |
| **CLASSROOM ENVIRONMENT** |
| **Accommodation/Modification** | **Check****Box** | **Detail how a/m will be implemented for****student** |
| Daily schedule is posted for entire class | ☐ | Click or tap here to enter text. |
| Daily schedule is provided in writtenand visual form for entire class: | ☐ | Click or tap here to enter text. |
| Individual schedule provided to student: | ☐ | Click or tap here to enter text. |
| Individual schedule provided in writtenand visual form: | ☐ | Click or tap here to enter text. |
| Student “owned” locations are clearly labeled (i.e., desk, locker, bin, etc.): | ☐ | Click or tap here to enter text. |
| Areas are defined concretely (e.g., carpet squares, tape on floor, etc.) | ☐ | Click or tap here to enter text. |
| Sensory break area provided: | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| **CLASSROOM PROCEDURES** |
| **Accommodation/Modification** | **Check****Box** | **Detail how a/m will be implemented for****student** |
| Threshold greeting is established forstudent; | ☐ | Click or tap here to enter text. |
| Classroom procedures and expectationsare defined and posted: | ☐ | Click or tap here to enter text. |
| Classroom procedures and expectations are stated in positive language (what todo vs. what not to do): | ☐ | Click or tap here to enter text. |
| Classroom procedures and expectationsare supplemented with visuals: | ☐ | Click or tap here to enter text. |
| A 4:1 ratio of positive to correctiveinteractions is evident in the classroom environment: | ☐ | Click or tap here to enter text. |
| Transitions are cued by with non-verbaland visual reminders: | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |

|  |
| --- |
| **INDEPENDENT FUNCTIONING** |
| **Accommodation/Modification** | **Check****Box** | **Detail how a/m will be implemented for****student** |
| Check-in/Check-out (CICO) systemimplemented: | ☐ | Click or tap here to enter text. |
| Sensory schedule of body breaks implemented: | ☐ | Click or tap here to enter text. |
| Allow for Choose an item. of body breaks everyChoose an item. minutes: |
| Assigned classroom job/s: | ☐ | Click or tap here to enter text. |
| Use “first this, then that” language: | ☐ | Click or tap here to enter text. |
| Offer 2 choices for followingdirections: | ☐ | Click or tap here to enter text. |
| “Hamburger” verbal redirections(positive observation, constructive feedback, encouragement): | ☐ | Click or tap here to enter text. |
| Provide non-verbal cues forredirection: | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| **ACADEMICS** |
| **Accommodation/Modification** | **Check****Box** | **Detail how a/m will be implemented for****student** |
| Support all auditory information withvisuals: | ☐ | Click or tap here to enter text. |
| No penalty for spelling errors: | ☐ | Click or tap here to enter text. |
| Reduce assignments by Choose anitem. | ☐ | Click or tap here to enter text. |
| Break assignments into smallerchunks: | ☐ | Click or tap here to enter text. |
| Grade positively, showing whatstudent got right as opposed to what student got wrong: | ☐ | Click or tap here to enter text. |
| Provide graphic organizers: | ☐ | Click or tap here to enter text. |
| Manipulatives provided: | ☐ | Click or tap here to enter text. |
| Allow use of calculator: | ☐ | Click or tap here to enter text. |
| Check for understanding for alldirections: | ☐ | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| **ASSESSMENTS** |
| **Accommodation/Modification** | **Check****Box** | **Detail how a/m will be implemented for****student** |
| Extended time by Choose an item. | ☐ | Click or tap here to enter text. |
| Test in a separate environment: | ☐ | Click or tap here to enter text. |
| Allow use of calculator: | ☐ | Click or tap here to enter text. |
| Read test aloud: | ☐ | Click or tap here to enter text. |
| Sensory schedule of body breaks implemented: | ☐ | Click or tap here to enter text. |
| Allow for Choose an item. of body breaks everyChoose an item. minutes: |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| **Other** |
| **Accommodation/Modification** | **Check****Box** | **Detail how a/m will be implemented for****student** |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | ☐ | Click or tap here to enter text. |

**Additional Notes:** Click or tap here to enter text.

[SCHOOL NAME’S] Student Success Plan

The [SCHOOL NAME’S] Student Success Plan is created for a student who is diagnosed with a disability from a public school district and/or private evaluation that interferes with the student’s ability to demonstrate understanding of the academic and/or social emotional learning skills at the same level as his/her grade-level peers. The [SCHOOL NAME’S] Student Success Plan is designed to help students diagnosed with disabilities succeed in the least restrictive environment. In other words, the goal is for all [SCHOOL NAME] students is to succeed on their own in the general education setting.

Please sign below to acknowledge that the plan has been shared with you and your questions answered.

|  |
| --- |
| **Plan Acknowledgement** |
| **Name** | **Title** | **Signature**(electronic siguatures are acceptable) | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Resource #2: Sample List of Academic Accommodations**

*A sample list of accommodations follows. The plan is written using the criteria that “specifically addresses the disability/impairment, and how it ‘substantially limits one or more of the major life activities’, i.e., learning.” Take care not to include in the plan anything that you are not willing to have the school provide without cost. Suggestions may be accepted for what the parents may provide on their own, such as tutoring, medication, extra books, etc., but these should not be included in the plan.*

## ACADEMIC ACCOMMODATIONS

*(A plan is written on a case-by-case basis.*

*Current professional documentation must accompany a request for academic accommodations).*

BEHAVIOR

* Extra cues to stay on task.
* Reinforce/praise specific behavior.
* Create a daily Behavior Chart.
* Extra cues for socializing.

ORGANIZATION

* Maintain homework assignments.
* Homework sheet or ‘planner’ signed by parent.
* Provide timelines for long-term assignments.

ROOM CONSIDERATION

* Seating near the teacher.
* Preferential peers in proximity.
* Seating near the door.
* Seating near the front of the room.

ASSIGNMENTS/WORKSHEETS

* Needs extra time to complete tasks.
* Needs simple, one-step directions.
* Shortened assignments.

TEST TAKING

* Allow for oral testing, when needed.
* Short quizzes vs. long exams.
* Allow for extended time.
* Check student “on task” behavior during testing; may need prompts.
* Allow for extended time on standardized testing.

LESSON PRESENTATION

* Provide written outline for student.
* Provide peer buddy for checking work, tutoring, Xeroxing notes, studying.

OTHER CONSIDERATIONS

* Student/parent use of school ‘planners’ or homework assignment books.
* Student receiving additional study skills/reading support.
* Maintain frequent parent/guardian contact.
* In-service appropriate faculty/staff on child’s disability(s).
* Provide more than one assigned locker.
* Assistance during drills and emergency situations.
* Alternative requirement for physical education, per principal approval.
* Alternative course requirement, per principal approval

**Resource #3: Sample List of Medical Accommodations**

## MEDICAL ACCOMMODATIONS

*(A plan is written on a case-by-case basis. Current medical documentation must accompany any requests for medical accommodations).*

DISPENSING MEDICATION

* The school will follow the diocesan policy on the dispensing of medication while school is in session.

CHRONIC DIGESTIVE DISORDERS (including inflammatory bowel disease)

* Student seated near the door.
* Student allowed to leave classroom quickly.
* Extra clothing in nurse’s (or main) office, in case of emergency.
* Student and family are familiar with school’s policy on the dispensing of medication

during the school day.

EPILEPSY

* Principal, parents/guardians, school nurse (if applicable), classroom teacher(s), and any other appropriate school personnel will meet to discuss the particular form of seizure, the pattern and general length of time, and the best means to assist the student with epilepsy.
* The parents/guardians of the student with epilepsy seeking assistance with epilepsy- related care in the school must submit a seizure action plan as required by Illinois law. The plan will outline the standards of care necessary to ensure that the student has a reasonable expectation of safety during the school day, and will provide for a delegated care aide to perform the activities and tasks necessary to assist the student with epilepsy.
* Training for delegated care aides must be provided at the expense of the parents/guardians.
* The school reserves the right to decline enrollment if school officials are not convinced

they can reasonably ensure the student’s safety.

* Steps to be taken, should a seizure occur, include the following:
	+ If seizure continues longer than time stated by the medical documentation, teacher may instruct another student to contact the principal and ask for an ambulance to come to the school site for assistance.
	+ If the student feels fine after the seizure, participation in class may resume. If the student is exhausted after the seizure, the school nurse (or secretary) may call a family member to drive the student home.

EPINEPHRINE AUTO-INJECTORS (EPI-PENS)

* A school shall permit a student with allergies to use an epinephrine auto-injector provided that the parents/guardians provide written authorization from the student’s physician, physician’s assistant, or advance practice nurse.
* The parents/guardians shall provide a written statement from the physician, physician’s

assistant, or advance practice nurse containing the name and purpose of the epinephrine

auto-injector, the prescribed dosage, and the time or circumstances under which the epinephrine auto-injector is to be administered.

ASTHMA

* Family provides the school with a brief history of the student’s asthma and a description

of the symptoms.

* Family provides information on how to contact the student’s health care provider and

either parent/guardian.

* Family provides a list of factors that make the asthma worse.
* Family provides a list of student’s asthma medications.
* Principal, parents/guardians, school nurse (if appropriate), classroom teacher(s), and any other appropriate school personnel meet to discuss the best means to assist student during an asthma attack.
* If so advised in the professional medical documentation, the student may carry and administer his/her own medications.
* Physical education teachers and coaches will allow for adequate warm-up and cool- down periods to help prevent or lessen episodes of exercise-induced asthma. Exercise modifications may be necessary, or a medically excused grade will be given for the physical education class.

DIABETES

* Scheduling physical education class directly before lunch will be avoided.
* Another student will be assigned to assist younger students when going to the nurse (if appropriate) for injections.
* If blood sugar testing is needed throughout the school day, a private place will be provided with the assistance of the school nurse or other agreed-upon personnel.
* Student will be allowed to go to the bathroom or water fountain when necessary.
* Principal, parents/guardians, school nurse (if applicable), classroom teacher(s), and any other appropriate school personnel will meet to discuss an emergency plan, documented by the written direction of the student’s physician, and the best means to assist student during a diabetic attack