

## SETTLEMENT AGREEMENT

This Settlement Agreement (the "Agreement") is entered into as of the \_\_\_\_ day of March 2007, by and among SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT and ROBERT KESSLER, in his official capacity as Superintendent for San Ramon Valley Unified School District, JOAN BUCHANAN, RACHEL HURD, BILL CLARKSON, PAUL GARDNER and GREG MARVEL, each in his or her official capacity as a member of the Board of Trustees of the San Ramon Valley Unified School District, and THE BOARD OF TRUSTEES OF THE SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT (collectively, the "DISTRICT"), on the one hand, and K.C., by and through Erica C., her guardian ad litem, A.A., by and through Stacey A., her guardian ad litem, M.C., by and through Laurie C., her guardian ad litem, each one individually, and the AMERICAN DIABETES ASSOCIATION, an organization, (collectively, "PLAINTIFFS") on the other hand. Each of the Parties may be referred to individually as "Party" or the DISTRICT and PLAINTIFFS are sometimes collectively referred to as the "PARTIES."

### RECITALS

1. On October 11, 2005, PLAINTIFFS filed their complaint in the U.S. District Court for the Northern District of California bearing Case No. C 05-4077 MMC (hereinafter referred to as the "Action"). The Complaint included causes of action for declaratory relief and injunctive relief based upon Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794, the Americans with Disabilities Act of 1990, 42 U.S.C. §12131 *et seq.*, and the Individuals with Disabilities Education Act, 20 U.S.C. §1400 *et seq.*
2. The Parties wish to settle their differences and to amicably resolve all issues and disputes embodied in and regarding the Action as between the Parties.

## **AGREEMENT**

NOW, THEREFORE, in consideration of the foregoing Recitals, the mutual covenants and agreements and the terms and conditions set forth herein and other valuable consideration, the DISTRICT and PLAINTIFFS agree as follows:

1. Consideration.
  - A. Within 30 days of the Effective Date of this Agreement, the DISTRICT agrees to implement the Diabetes Care Protocol (the "PROTOCOL"), attached as Exhibit A4-6.
  - B. In implementing this PROTOCOL, the District will use the following forms which have been approved by the PARTIES:
    - Consent of Parent/Guardian for Management of Diabetes at School and attached Physician Instructions & Authorization for Diabetes Management at School, attached as Exhibit A1-3;
    - Individualized Health Care Plan (Students with Diabetes), attached as Exhibit A7-10;
    - The Parent Letter, attached as Exhibit B,
    - The document Possible Modifications And Accommodations For Students With Diabetes, intended as an attachment to the Parent Letter, attached as Exhibit C; and
    - The Recruiting Plan, attached as Exhibit D.
  - C. The DISTRICT agrees to include the agreed upon language regarding Section 504 eligibility in Section 504 Forms A, B & C, attached as Exhibit E.

- D. The DISTRICT agrees to include the agreed upon language regarding parental notification of their rights and responsibilities in the Annual Parents Informational Pamphlet each year. This Notice is attached as Exhibit F.
- E. The DISTRICT agrees to use its best efforts to identify any new students who have diabetes. To further this goal, the PARTIES have agreed to the use of the Emergency Contact and Medical Information forms attached as Exhibit G. These forms are filled out by parents/guardians for each student in the District at the beginning of each school year.
- F. The Parties shall execute and file a request for dismissal of the Action within five (5) business days of the execution of this Agreement by the PARTIES. The request for dismissal shall indicate that the Action is being dismissed, as to the DISTRICT only, with prejudice, each party to bear its own attorneys' fees and costs. A copy of the Request for Dismissal is attached as Exhibit H.
- G. The DISTRICT agrees to provide to PLAINTIFFS' counsel periodic reports regarding the DISTRICT's provision of diabetes care services to students with diabetes. The District will provide a monitoring report on the following schedule: May 15, 2007, October 15, 2007, May 15, 2008, October 15, 2008, and May 15, 2009. The form for this report is attached hereto as Exhibit I.

2. Compliance with State and Federal Law. PLAINTIFFS agree that the PROTOCOL, procedures and practices agreed to by the PARTIES in this Agreement are in compliance with and/or meet the requirements of all current State and Federal laws and regulations regarding the care of students with diabetes at school, during school-sponsored activities and on field-trips.

3. Affirmative Representations. PLAINTIFFS and PLAINTIFFS' counsel approve of the PROTOCOL and forms agreed upon as part of this Agreement and agree that said PROTOCOL and forms are consistent with current applicable law and will assist students with diabetes, who attend school in the San Ramon Valley Unified School District, to receive appropriate care during the course of the school day. As such, when contacted by students who attend school within the San Ramon Valley Unified School District, those students' parent(s)/guardian(s) and/or their treating physicians, PLAINTIFFS and PLAINTIFFS' counsel will refer those students, their parents(s)/guardian(s) and/or their treating physicians to the DISTRICT or to the forms attached as Exhibits A – D as the example of what the DISTRICT should be doing for those students.

4. Release of the District by Plaintiffs. Except for the executory obligations hereunder, PLAINTIFFS, on behalf of themselves and their guardian ad litem, parents, heirs, predecessors, successors, agents, affiliates, parent and/or subsidiary entities, successors and assigns, servants, attorneys, employees, officers, directors, attorneys and assigns hereby release and forever discharge the DISTRICT and its assigns, successors, agents, servants, employees, elected officials, Board of Trustee members, officers, superintendents, and attorneys, from any and all claims, including but not

limited to any claims for malicious prosecution and/or abuse of process, losses, damages, causes of action, and/or liabilities, known or unknown, asserted or unasserted, liquidated or unliquidated, in any manner, occurring up until the Effective Date of this Agreement and which relate to or arise from: (1) the allegations of the Action; (2) matters that could have been alleged in the Action; and (3) any and all disputes between the PARTIES.

5. Waiver of Civil Code Section 1542. THE PARTIES SPECIFICALLY WAIVE ANY RIGHT THAT THEY HAVE UNDER SECTION 1542 OF THE CALIFORNIA CIVIL CODE AS TO UNKNOWN OR UNSUSPECTED CLAIMS, AND ACKNOWLEDGE THAT THEY HAVE READ AND UNDERSTOOD THE FOLLOWING STATUTORY LANGUAGE OF SECTION 1542 OF THE CALIFORNIA CIVIL CODE:

“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.”

THE PARTIES UNDERSTAND AND ACKNOWLEDGE THE SIGNIFICANCE AND CONSEQUENCES OF SUCH SPECIFIC WAIVER OF SECTION 1542 OF CALIFORNIA CIVIL CODE AND HEREBY ASSUME FULL RESPONSIBILITY FOR THEIR OWN INJURIES, DAMAGES, LOSSES OR LIABILITY THAT MAY HEREAFTER OCCUR.

6. Obligations Under Agreement Survive Releases. Notwithstanding any other provision in the Agreement to the contrary, the obligations arising under this Agreement are not affected by and shall survive the releases granted in this Agreement.

7. Notification to Court of Settlement. Within two (2) court days of execution of this Agreement by the PARTIES, counsel for PLAINTIFFS shall file a Notice of Settlement with the United States District Court for the Northern District of California.

8. No Admission of Liability. The PARTIES acknowledge that the purpose of this Agreement is to avoid the expense and delay of protracted litigation and the expenses associated therewith. This Agreement is the result of a compromise of disputed claims. Throughout this Action, the DISTRICT has denied any liability and/or fault. In executing the document, no party to this Agreement shall be deemed to have admitted any fault or liability in connection with any matter or thing.

9. Enforcement of this Agreement: In the event of any issue or dispute arising out of or related to any alleged failure of the DISTRICT to perform in accordance with the terms of this Agreement, PLAINTIFFS shall notify counsel for the DISTRICT in writing of the alleged non-compliance, pursuant to the notice provisions of paragraph 25 of this Agreement. Upon receipt of this notification, the DISTRICT will have 14 days, excluding school holidays, to respond and engage PLAINTIFFS in a meet and confer process to resolve the issue. Only if the parties are unable to resolve the dispute through the meet and confer process may PLAINTIFFS file or encourage anyone else to file a formal complaint with the District. All formal complaints must be filed in accordance with the District's Uniform Complaint Resolution Procedure, attached as Exhibit J or under the 504 complaint process if applicable, attached as Exhibit K. If

required by law, only upon the completion and exhaustion of the District and State complaint procedures may an aggrieved party file an action to enforce the terms of this Agreement in a court of competent jurisdiction. Each Party will bear the cost of its own attorney's fees and costs incurred to enforce this Agreement or defend itself from allegations regarding the implementation of this Agreement.

10. Representation by Counsel. The PARTIES respectively acknowledge that they have been represented by and have relied upon counsel of their choice throughout the negotiations that preceded the execution of this Agreement and that they have read this Agreement, have had its contents fully explained by such counsel and are fully aware of and understand all of its terms and the legal consequences thereof. The PARTIES further respectively acknowledge that they have, through their respective counsel, mutually participated in the preparation of this Agreement and that no provision herein shall be construed against any party by virtue of the activities of that party or its attorneys.

11. Authority to Execute Agreement. Each person executing this Agreement in a representative capacity represents and warrants that he or she is empowered and fully authorized to do so.

12. Governing Law. This Agreement is executed and delivered within the State of California, and the rights and obligations of the parties shall be construed, enforced, and governed by the laws of the State of California and applicable Federal law.

13. Each Party to Bear Own Attorneys' Fees and Costs. Except as otherwise expressly provided herein, each party shall bear its own costs and attorneys' fees incurred in connection with the Action.

14. Other Documents. The Parties agree to execute such other documents and to take such other and further action as may be necessary to finalize and perform this Agreement, with the PARTIES to bear their own costs and attorneys' fees.

15. Successors in Interest. This Agreement is binding upon, and inures to the benefit of the Parties, their successors, agents, servants, employees, officers, attorneys and assigns.

16. No Oral Modifications. In no event will any waiver, release, alteration or modification of any of the terms of this Agreement be valid unless it is in writing and signed by all parties (specifically, on the District's behalf, by the Board of Trustees). This Agreement cannot be modified or terminated orally.

17. Severability. If any term or provision of this Agreement shall be held invalid or unenforceable by a court of competent jurisdiction, the validity of the remaining terms shall not be affected.

18. Counterparts. This Agreement may be signed in one or more counterparts, each copy having the same force and effect as an original, and shall be effective upon its execution by the parties.

19. Captions and Interpretation. Section titles or captions contained herein are inserted as a matter of convenience and for reference, and in no way define, limit, extend or describe the scope of this Agreement or any provision hereof. This Agreement is mutually drafted, and no provision in this Agreement is to be interpreted



for or against either Party because that Party or its legal representative drafted such provision.

20. Number and Gender. Whenever required by the context hereof, the singular shall be deemed to include the plural and the plural shall be deemed to include the singular, and the masculine, feminine and neutral genders shall each be deemed to include the other.

21. Entire Agreement. This Agreement, including Exhibits A – K, constitutes the entire agreement between the PARTIES pertaining to the subject matter hereof and fully supersedes any and all prior understandings, representations, warranties and agreements between the PARTIES pertaining to the subject matter hereof. The consideration recited herein is the sole, complete and entire consideration for the releases, and there is no agreement, oral or written, express or implied, whereby the undersigned are to receive at any time or in any event or upon the happening of any contingency or upon the development or the discovery of any fact, circumstance or condition, any further consideration of any kind whatsoever from any Party.

22. Voluntary Agreement. Each of the Parties further represents and declares that it has carefully read this Agreement and knows its contents and that each Party signs the same freely and voluntarily.

23. Facsimile Signatures. This Agreement may be executed by facsimile signatures, and any such signature should have the same force and effect as an original signature.

24. Effective Date. The "Effective Date" of this Agreement shall be \_\_\_\_\_ . This Agreement shall remain in effect until the last day of school for the 2008-2009 school year.

25. Notices. Any written notice under this Agreement shall be delivered as follows:

*If to the District:*

Louis Leone  
Stubbs & Leone  
2175 N. California Blvd., Suite 900  
Walnut Creek, CA 94596  
Facsimile: (925) 974-8601  
Email: louis.leone@stubbsleone.com

Superintendent of Schools  
San Ramon Valley Unified School District  
699 Old Orchard Drive  
Danville, CA 94526  
Facsimile: (925) 838-3147

*If to Plaintiffs:*

James M. Wood  
Kenneth J. Philpot  
Reed Smith LLP  
1999 Harrison Street, Suite 2400  
Oakland, CA 94612-3572  
Facsimile: (510) 273-8832  
Email: jmwood@reedsmith.com  
kphilpot@reedsmith.com

DATED: March \_\_\_\_, 2007

K.C. by and through Erica C., her guardian

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DATED: March \_\_\_\_, 2007

A.A. by and through Stacey A., her guardian

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DATED: March \_\_\_\_, 2007

M.C. by and through Laurie C., her guardian

By \_\_\_\_\_

DATED: March \_\_\_\_, 2007

AMERICAN DIABETES ASSOCIATION

By \_\_\_\_\_  
Its \_\_\_\_\_

DATED: March \_\_\_\_, 2007

SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT

By \_\_\_\_\_  
Its \_\_\_\_\_

DATED: March \_\_\_\_, 2007

SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT BOARD OF TRUSTEES

By \_\_\_\_\_  
Its \_\_\_\_\_

DATED: March \_\_\_\_, 2007

ROBERT KESSLER, in his official capacity as  
the SUPERINTENDENT OF THE SAN  
RAMON VALLEY UNIFIED SCHOOL  
DISTRICT

By \_\_\_\_\_

Approved as to form and content:

Attorneys for the DISTRICT:

STUBBS & LEONE

By: \_\_\_\_\_  
Louis A. Leone  
Katherine A. Alberts

Attorneys for PLAINTIFFS

REED SMITH, LLP

By: \_\_\_\_\_  
James M. Wood  
Kenneth J. Philpot

DISABILITY RIGHTS EDUCATION AND DEFENSE FUND, INC.

By: \_\_\_\_\_  
Arlene Mayerson  
Larisa Cummings

Exhibit A



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
Office of the Assistant Superintendent
699 Old Orchard Drive, Danville, California 94526
(925) 552-2914 • FAX (925) 743-3902

Consent of Parent/Guardian for Management of Diabetes at School

Student Name \_\_\_\_\_ School \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

I, the undersigned, the Parent/Guardian of the above named student, request that the specialized physical health care service for Management of Diabetes in school as specified below by our (my) student's physician be administered to my student I understand it is my responsibility to:

- 1. Provide the necessary supplies and equipment.
2. Provide a copy of the product manual and/or instructions for any diabetes management device to be used in my student's diabetes care at school, including but not limited to an insulin pump, insulin pen, or blood glucose monitor.
3. Notify the School Nurse if there is a change in my student's health status or attending physician.
4. Notify the School Nurse immediately and provide new consent for any changes in doctor's orders.

I authorize the school nurse and school personnel providing care to communicate with [student]'s physician in an emergency or a situation not clearly addressed by the medical orders and have completed the attached confidential information disclosure form. I understand that I will be provided a copy of my student's completed Individualized Health Care Plan (IHCP), which will be based on input from me and my child's treating physician.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Instructions & Authorization for Diabetes Management in School

My signature provides authorization for the written orders specified below. I understand that unlicensed school employees, who have received appropriate training by a school nurse or other health care professional with experience in diabetes, may perform specialized physical health care services. This authorization is for a maximum of one year from today's date, but will expire in August before the next school year. If changes are indicated, I will provide new written authorization (may be faxed).

I have instructed \_\_\_\_\_ (Student's Name) in the proper way to:

- checkbox check blood glucose checkbox administer insulin

It is my professional opinion that \_\_\_\_\_ (Student's Name):

- checkbox should/ checkbox should not be allowed to carry diabetes supplies (meter, insulin, etc.)
checkbox can/ checkbox cannot check blood glucose independently
checkbox can administer insulin independently
checkbox can self-administer insulin but needs supervision/assistance (verification of dosage)
checkbox cannot self-administer insulin
checkbox can maintain possession of the following diabetes supplies and equipment:

I authorize care for \_\_\_\_\_ (Student's Name) pursuant to the following written orders:

Physician: Please initial and check ALL boxes that apply

- 1. Blood Glucose Monitoring: Target range for blood glucose: \_\_\_\_\_
Times: checkbox Before meals checkbox Before exercise checkbox When there are symptoms of hypoglycemia/hyperglycemia
checkbox Before snacks checkbox After exercise checkbox At specific times: \_\_\_\_\_

Comments/Guidelines: \_\_\_\_\_

2. **Routine Care of Hypoglycemia when blood glucose is below:**  Self-treatment of mild lows Symptoms:  
 Assistance for all lows

Treatment: \_\_\_\_\_

Notify Parent/Guardian when \_\_\_\_\_

3. **Emergency Care of Severe Hypoglycemia: (where student is unconscious or unable to swallow)**

Treatment: \_\_\_\_\_

Give glucagon injection Dosage: \_\_\_\_\_ Best site for injection: \_\_\_\_\_

Notify:  Parent/Guardian  911  Student's Physician

4. **Care of Hyperglycemia:**  240 or above  300 or above  Other: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Treatment: \_\_\_\_\_

Check ketones if 300 or above as follows:  By student  Needs assistance

5. **Insulin at school:**  Yes  Not at this time

If Insulin at school:

Brand Name and Type: \_\_\_\_\_

Equipment used:  Syringe and vial  Insulin pen  Insulin pump  Inhaler

Lunchtime dose- *use sliding scale*: Blood glucose from \_\_\_ to \_\_\_ = \_\_\_ Units  
Blood glucose from \_\_\_ to \_\_\_ = \_\_\_ Units  
Blood glucose from \_\_\_ to \_\_\_ = \_\_\_ Units  
Blood glucose from \_\_\_ to \_\_\_ = \_\_\_ Units

Correction dose- *use sliding scale*: (at right) Blood glucose from \_\_\_ to \_\_\_ = \_\_\_ Units  
Blood glucose from \_\_\_ to \_\_\_ = \_\_\_ Units  
Blood glucose from \_\_\_ to \_\_\_ = \_\_\_ Units  
Blood glucose from \_\_\_ to \_\_\_ = \_\_\_ Units

Carb counting: \_\_\_ # units per \_\_\_ gms. Carbohydrate

Morning snack  Lunch  Afternoon snack

Other times to give insulin: \_\_\_\_\_

For students using insulin pumps:

Student needs assistance with pump -- Assistance needed: \_\_\_\_\_

Type of pump: \_\_\_\_\_

Basal rates: \_\_\_\_\_ 12 am to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

Type of insulin in pump: \_\_\_\_\_

Type of infusion set: \_\_\_\_\_

Insulin/carbohydrate ratio: \_\_\_\_\_ Correction factor: \_\_\_\_\_

6. **Exercise and sports**

Restrictions:  No exercise if blood glucose above \_\_\_\_\_ or below \_\_\_\_\_ or if moderate to large urine ketones present

Other restrictions: \_\_\_\_\_

7. **Instructions for meals and snacks:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. **Other Needs** (specify; e.g., special instructions in the event of emergencies/shelter in place situations, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Name** \_\_\_\_\_ (stamp or print)

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For School Use Only – To Be Filled Out by School in Coordination with Parent/Guardian**

**Instructions & Authorization for Insulin Administration at School: (check as many as apply)**

Dose calculated by:  Student  Parent/Guardian  Parent/Guardian Designated Family Member or Friend\*  
 Parent/Guardian Designated Trained School Employee  School Nurse

Dose prepared by:  Student  Parent/Guardian  Parent/Guardian Designated Family Member or Friend\*  
 Parent/Guardian Designated Trained School Employee  School Nurse

Insulin administered by:  Student  Student with staff verification of Insulin Pen or Pump #  
 Parent/Guardian  Parent/Guardian Designated Family Member or Friend\*  
 Parent/Guardian Designated Trained School Employee  School Nurse

(\*All Parent/Guardian designated family members or friends are trained by the Parent/Guardian and are not employees of the school or school district)

Parent/Guardian Designee: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian Designated  
Trained Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

Parent/Guardian Designated  
Trained Staff Member: \_\_\_\_\_ Position: \_\_\_\_\_

**Insulin pump supplier name and toll free number (if supplied by Parent/Guardian):** \_\_\_\_\_

**Reviewed by Parent/Guardian (Signature)** \_\_\_\_\_ **Date** \_\_\_\_\_



**Reviewed by School Nurse (Signature)** \_\_\_\_\_

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

**Reviewed by Principal (Signature)** \_\_\_\_\_

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

**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT**  
**DIABETES CARE PROTOCOL**

**I. PURPOSE**

The purpose of this document is to establish procedures in the San Ramon Valley Unified School District for the administration of health care services for students with diabetes as prescribed by their health care providers and implemented through a plan developed by the Parent/Guardian, school nurse, and other school personnel. The goal of this care is to maintain blood glucose levels within a student's target range and to enable a student with diabetes to safely and fully participate in the educational program and in all school-sponsored activities. These protocols and procedures shall be followed during the school day, at all school-sponsored activities on or off school premises, while on a school bus or other school property, and in the event of emergency evacuation, natural disaster, or shelter-in-place situation.

**II. MANAGEMENT PLAN FOR DIABETES CARE**

- A. An Individualized Health Care Plan (IHCP) identifies the health care needs of, and services to be provided to, a student with diabetes. This plan is developed and approved by a student's school health care team and family and implements the medical orders of the student's personal health care provider.
- B. Each student with diabetes who needs assistance with health care services while at school should be offered such services, as set forth in the student's IHCP, pursuant to a 504 Plan. If the student otherwise qualifies for an IEP, the IHCP will be incorporated into that student's IEP. If a student is eligible and qualifies for accommodations pursuant to Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act, the student's Section 504 Plan or Individualized Education Program (IEP) will incorporate the accommodations in the IHCP together with other needed provisions for special education and/or related aids and services so the student can be assured a free and appropriate public education. Each 504 and IEP plan should be based on the student's individual needs, abilities, and medical condition and should include only those items that are relevant to the needs of the particular child. A student with an individualized education program (IEP) or Section 504 plan who requires medication during the school day is entitled to receive such medication in accordance with his or her written plan (CCR, Title 5, Section 610(d)). Nothing in this protocol is intended to restrict development of a student's individually determined IEP or 504 plan.

**III. SELF-MONITORING AND TREATMENT**

Where a student's IHCP indicates that a student is able to perform diabetes care tasks independently, the student shall be permitted to perform these tasks independently while in school or at school-sponsored activities. In particular, if specified in a student's IHCP, the student shall be permitted to perform blood glucose checks, administer insulin through the insulin delivery system the student uses, treat hypoglycemia and hyperglycemia, and otherwise attend to the care and management of his or her diabetes in the classroom, in any area of the school or school grounds, and at any school-sponsored activity. Also, if specified in the health care provider's orders and the student's IHCP, the student shall be permitted to possess on his or her person at all times all supplies and equipment needed to perform diabetes care. The student will be provided a private location for care and management of diabetes upon request.

**IV. CARE TO BE PROVIDED**

- A. If a student is not independent with regard to insulin administration (see Section III, above) and requires insulin to be administered at school, the parent(s)/guardian(s) will have the ability to work with school personnel to determine who will administer insulin to their student: a parent/guardian, a parent/guardian-designated family member or friend, a parent/guardian designated trained school employee (see Paragraph B, below) and/or a school nurse. If a parent/guardian requests that diabetes care be provided by parent/guardian designated trained school employees, the school will make all reasonable efforts to find employees willing to be trained and to provide the needed care. The parent will make the ultimate decision about which individuals will be designated and trained to provide care. The school will arrange for training of these individuals in accordance with Section V, below. If, despite these efforts, an unlicensed school employee cannot be found to provide care, the district will ensure that the student's needs are met through the use of school nurses or licensed healthcare professionals. If the parent(s)/guardian(s) designate a family member or a friend to administer insulin to the student, the parent(s)/guardian(s) are responsible for training and supervising any so designated family member or friend. Furthermore, these designated family-members or friends are not employees of the SRVUSD.

- B. As set forth in the student's IHCP, the parent/guardian, parent/guardian's designated family members or friends, school employees, who are either school nurses or other school employees who have been designated by the parent/guardian and trained in accordance with Section V ("parent designated trained school employees"), shall perform the care tasks specified below or assist the student in performing these tasks as set forth in the student's IHCP. School employees are defined as any person employed by the San Ramon Valley Unified School District, any person employed by a local health department who is assigned to a school in the SRVUSD, or any subcontractor designated by SRVUSD for this function.

The following diabetes care, if required by the student's IHCP, shall be administered, in the classroom, in any location where a student is participating in a school activity, and/or in a private area close to where the student is located as selected by the student or the parent/guardian:

1. Checking blood glucose level at the times and under the circumstances specified;
  2. Responding to blood glucose monitoring results;
  3. Administering oral diabetes medication;
  4. Administering glucagon and taking the additional actions set out in Section IV(E);
  5. Checking for ketones in the urine;
  6. Recording blood glucose and/or ketone results, medication dosages and time administered; and
  7. Following instructions regarding meals, snacks, and physical activity.
- C. The diabetes care tasks set forth in Section IV (B) may be performed by a school nurse, a parent/guardian designated school employee, who is willing to perform the duties, is not a licensed health care professional, and has been trained pursuant to Section V. The district will ensure that sufficient employees (whether licensed health care professionals or not) are selected and trained such that one trained employee is on site whenever the student is at school, on a field trip, or participating in a school-sponsored extracurricular activity unless the parent/guardian chooses to either perform the needed diabetes care tasks or to have a parent/guardian-designated family member or friend perform the tasks.
- D. As indicated in the IHCP, trained personnel will be available at the school to supervise a student using an insulin pump when the student needs assistance in reading, verifying and recording the blood glucose result and/or carbohydrate count and entry of that information into the pump. If the student requires insulin, insulin will be administered to the student in accordance with the student's IHCP.
- E. If a student's IHCP calls for insulin to be administered by a parent/guardian designated trained school employee and that parent/guardian designated trained school employee is not available on a particular day or for a field trip or school sponsored activity where a student will require medical assistance for diabetes, the parent/guardian may designate in the student's IHCP that the school can assign a "qualified school employee" to provide the care set forth in the student's IHCP. A "qualified school employee" is an employee who is either a licensed health care provider or unlicensed employee trained in accordance with Section V. Should this situation arise, the parent/guardian will be notified and informed of the change in care providers. The parent/guardian will have the ability to choose the qualified school employee or provide someone of their own choosing to provide the necessary care to their student.
- F. When a student cannot administer his or her own insulin and the student's IHCP specifies that insulin is to be administered to the student by a parent/guardian designated trained school employee (as opposed to the parent/guardian or parent/guardian designated friend or family member), at least one parent/guardian designated school employee or qualified school employee, as defined in Paragraph E above, shall be on site and available to administer insulin to the student whenever the student is in school or participating in school-sponsored activities.
- G. When a student cannot administer his or her own insulin and the student's IHCP specifies that only a licensed nurse will administer insulin to the student, the nurse will be available within 30 minutes of being notified that the student requires an unscheduled administration of insulin (for example, to correct a high blood glucose value). Unless there are other complications, the student will continue with regular scheduled activities until the nurse arrives. If the student's IHCP specifies that insulin is to be given at a specified time each day, a nurse will be present to administer the insulin at that time each day. In the unusual event that a nurse cannot be present at the scheduled time on a particular day, a nurse will administer the insulin within 30 minutes of the scheduled time. The timeframes specified in this section may be shortened if necessary to meet the needs of an individual student, as specified by the student's treating physician, or the student's health care team.
- H. Students with diabetes shall be able to perform diabetes care tasks or receive assistance with diabetes care tasks, including insulin administration, at any location in school, including, but not limited to the

classroom, on school grounds, the cafeteria, at field trips or sites of school-sponsored extracurricular activities, or on the school bus.

- I. Students with diabetes shall be permitted to have unrestricted access to fluids and use of the restroom, to miss school without consequence for required medical appointments or diabetes care, and to have extra time and/or rescheduled time for school or classroom tests and other graded work if the student is experiencing hypoglycemia or hyperglycemia at school.
- J. If a student becomes unconscious or unresponsive due to severe hypoglycemia, trained school personnel shall administer emergency medication such as glucagon (if specified in the student's IHCP), contact 911 and the student's parent(s)/guardian(s), and take other actions as specified in the student's IHCP. No student shall be left unattended or shall be sent alone to another location to receive care if the student's symptoms or results of blood glucose tests indicate hypoglycemia.
- K. The assignment of students with diabetes to schools shall be made in accordance with district placement policies, and diabetes care shall be provided at the student's assigned school. The school assignment of a student shall not be changed because of the student's need for diabetes care at school, unless requested or approved by the student's parent(s)/guardian(s).
- L. No parent/guardian shall be required to attend any field trip or other school-sponsored activity as a condition of having his or her child participate in that activity. However, a parent/guardian, or parent/guardian's designated family member or friend, shall be invited to attend the field trip, regardless of the limited number of parents permitted to attend the field trip. If the student's IHCP requires assistance in monitoring or performing diabetes care tasks and/or administration of insulin at school and a parent/guardian or parent/guardian designated family member or friend chooses to not attend the field trip or school-sponsored extracurricular activity, a school employee (either the parent/guardian designated trained employee or a qualified school employee, as defined in Paragraph E above) will accompany the student to provide the care specified in the student's IHCP.
- M. The District will provide carbohydrate counts of foods available in the school's hot lunch program by making those menus available at each school site and on the District's website [www.srvusd.k12.ca.us](http://www.srvusd.k12.ca.us). For students requiring assistance with meals and snacks due to their diabetes, the District will, if requested by the parents/guardians, include a provision in the student's IHCP that designated school personnel will monitor the student's food intake at lunch and snack by confirming at the end of lunch and snack the amount of food a student eats and notifying personnel responsible for the student's care after lunch and snack if the student failed to eat a significant part of the meal and therefore is at higher risk of hypoglycemia. Requests for additional supervision during lunch and snacks will be evaluated on a case by case basis based on the needs of the student.

## **V. TRAINING OF SCHOOL EMPLOYEES WHO ARE NOT LICENSED HEALTH CARE PROFESSIONALS**

- A. All training set forth below with regard to routine and emergency diabetes care tasks shall be based upon and be consistent with the current American Diabetes Association's Position Statement *Care of Children with Diabetes in the School and Day Care Setting*, American Diabetes Association's *Diabetes Care Tasks in the School: What Key Personnel Need to Know*, and the National Diabetes Education Program's *Helping the Student with Diabetes Succeed: A Guide for School Personnel*.
- B. All teachers and other school personnel who have primary responsibility for the student shall receive training including general information about diabetes and recognition and appropriate response to hypoglycemia and hyperglycemia. This training shall be provided by a school nurse with current knowledge of diabetes management or a health care professional with expertise in diabetes.
- C. Each school year a minimum of two school employees at each school where a student with diabetes is attending, shall be trained by a school nurse or a health care professional with expertise in diabetes, with appropriate supervision and follow-up training. The training shall include instruction in:
  - 1. recognition and treatment of hypoglycemia and hyperglycemia;
  - 2. understanding the appropriate actions to take when blood glucose levels are outside of target ranges;
  - 3. understanding health care provider instructions concerning diabetes medication, drug dosage, frequency, and the manner of administration;
  - 4. performance of finger-stick blood glucose checks, ketone checks, and recording of results;
  - 5. administration of glucagon and recording of administration; and

6. recommended schedules and food intake for meals and snacks, the effect of physical activity upon blood glucose levels, and actions to be implemented in the case of schedule disruption.
- D. If required by a student's IHCP that insulin be administered by a parent/guardian designated trained school employee, the parent/guardian designated school employee shall be trained by a school nurse or a health care professional with expertise in diabetes in the proper administration and recordation of insulin as specified in the student's IHCP, with appropriate supervision and follow-up training.



**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT**  
**Office of the Assistant Superintendent**  
**699 Old Orchard Drive, Danville, California 94526**  
(925) 552-2914 • FAX (925) 743-3902

*Individualized Health Care Plan*  
*(Student with Diabetes)*

<b>Student Name:</b> _____		<b>Date:</b> _____	
First name	Last name		
<b>Birthdate:</b> _____	<b>Grade:</b> _____	<b>School:</b> _____	
<b>Doctor:</b> _____	<b>Phone Number:</b> _____		
<b>Parent(s)/Guardian(s) Contact:</b>		<b>Home #:</b> _____	
<b>Mother Contact: Work #:</b> _____		<b>Cell #:</b> _____	
<b>Father Contact: Work #:</b> _____		<b>Cell #:</b> _____	
<b>Emergency: Name:</b> _____	<b>Relationship:</b> _____		
<b>Home #:</b> _____	<b>Work #:</b> _____	<b>Cell #:</b> _____	

**OBJECTIVE/ GOALS OF THIS PLAN**

This plan is designed to enable [first name] to safely and fully participate in the educational program and in all school-sponsored activities by implementing the medical orders of [first name]'s treating physician and providing needed accommodations. As the student's medical requirements change, school personnel and the Parent(s)/Guardian(s) will assess the student's school healthcare needs (at least annually at the beginning of the school year). Appropriate accommodations to provide for the safety of the student will be determined each year based on the student's age, grade, level of self-care, and information provided on the *Parent/Guardian Consent and Physician Instruction & Authorization Form*. The following modifications and accommodations will be provided to [first name]:

**MODIFICATIONS AND ACCOMMODATIONS**

(Replace all [First Name] with student's first name and eliminate all modifications/accommodations that do not apply)

**CLASSROOM PROTOCOL:**

- [First name]'s Parent/Guardian will be notified at the start of school regarding who [First name]'s core/classroom teacher(s) will be. School placement will be based on district policy, which does not discriminate based on a medical condition.
- The school nurse or other qualified licensed health care professional with expertise in diabetes will provide training and information to the teacher and all relevant staff regarding the diabetes-related needs of [First name] while in the school/classroom setting.
- [First name] and/or [First name]'s Parent/Guardian may set a time with the teacher to discuss diabetes with [First name]'s homeroom classmates, if desired by the family.
- A copy of this plan will be included with class information provided to a substitute teacher.
- [First name] will not be penalized for absences or tardiness required for medical appointments or illness provided [First name]'s Parent/Guardian notifies school and clears the absence in the school-required timeframe.
- [First name] shall be permitted to leave class to see the nurse or other trained personnel for diabetes-related issues. If necessary (due to low blood sugar), an adult will accompany [First name].

- Diabetes care tasks may be done at any location in school, including, but not limited to the classroom, on school grounds, the cafeteria, at field trips or sites of school-sponsored extracurricular activities, or on the school bus.

**DIABETES CARE:**

**BLOOD GLUCOSE MONITORING:**

- [First name] shall have immediate access to all items necessary for the treatment of diabetes, including but not limited to blood glucose testing equipment, insulin, and glucagon.
- [First name] shall be permitted to carry needed diabetes supplies at all times with doctor and Parent/Guardian written permission.
- If required in [First name]’s *Physician Instructions & Authorization*:
  - The following people have been trained to and will be available to monitor, test and record [First name]’s blood glucose:

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**HYPOGLYCEMIA AND HYPERGLYCEMIA:**

- A school nurse with current knowledge of diabetes management or other health care professional with expertise in diabetes and [First name]’s parent/guardian, if they so desire, will train all teachers, as well as anyone else who may be supervising [First name] in the school setting, on the signs of hypo/hyperglycemia and the proper treatments.
- If [First name] shows signs of hypoglycemia, the appropriate treatment as identified by the *Physician Instructions & Authorization* will be administered immediately (for mild hypoglycemia treatment may be self administered if provided for in the physician’s instruction). [First name] will not be left without adult supervision until the treatment has been completed. The Parent/Guardian will provide *Parent/Guardian Consent and Physician Instructions & Authorization* regarding the type of treatment to be administered.

Select one of the next two statements by deleting the other statement and this line:

- Since [First name] is independent, should [First name] show signs of hyperglycemia, [First name] will be allowed to administer the appropriate treatment in accordance with his/her physician’s instructions and this IHCP. School personnel will provide care in an emergency situation or where the student is otherwise unable to provide self-care.
- Since [First name] is not independent, should [First name] shows signs of hyperglycemia, the appropriate treatment will be administered in accordance with the student’s physician’s instructions and this IHCP.

**ADMINISTRATION OF INSULIN:**

- Insulin will be administered in accordance with the level of self-care listed in the *Parent/Guardian Consent and Physician Instruction & Authorization Form*. [Note: If “School Nurse” is selected as the administrator of insulin, it may take up to 30 minutes for your child to receive insulin from a nurse in the event a nurse is unavailable.]
- Insulin will be provided based on the following numbered order of preference:

- \_\_\_\_\_ Student
- \_\_\_\_\_ Parent/Guardian
- \_\_\_\_\_ Parent/Guardian Designee (Family/Friend)
- \_\_\_\_\_ Parent/Guardian Designee (Trained School Employee)
- \_\_\_\_\_ School Nurse

Name(s) of Parent/Guardian Designee(s):

Family/Friend (Name and Number):

Trained School Employee (Name and Position):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- [Delete if not needed] If a parent/guardian designated trained school employee is not yet identified, parents and the school team will meet again by \_\_\_\_\_. During this time, the school and parent/guardian will work together to identify an appropriate onsite school employee. Every effort will be made to have trained staff available at [First name]'s school at the start of the school year as needed.
- If a parent/guardian designates one or more trained school employees to oversee or administer insulin injections or boluses (via pump), that parent/guardian designated trained school employee will be on site with [First name] to provide the diabetes care set forth in this IHCP.
- If none of the above named designees is available, the parent/guardian will be notified and either a qualified school employee or someone of the parent/guardian's choosing will administer insulin to [First name] in accordance with his or her *Physician Instructions & Authorization*.
  - In the event that the parent/guardian designated trained school employee(s) are unavailable on a particular day or for a field trip or school sponsored activity where the student will require medical assistance for diabetes, [First name]'s parent/guardian designates the school to have a qualified school employee administer insulin to [First name] in accordance with his/her *Physician Instructions & Authorization*.

**ADMINISTRATION OF GLUCAGON:**

- The following school employees have been trained in the administration of a glucagon injection at the student's school (minimum of two).
- 

- At least one adult staff member with training will be on site with [First name] during school hours, school – sponsored extracurricular activities, and field trips to administer glucagon if needed.
- In the event of a seizure or unconsciousness, the treatment called for in the *Parent/Guardian Consent and Physician Instruction & Authorization Form* will be given immediately by the nearest trained adult.
- In the event of a seizure or unconsciousness, the school will also call 911, the Parent/Guardian, and the school nurse immediately, in that order.

**DOCUMENTATION OF MEDICATIONS ADMINISTERED:**

- If [First name] is not independent, a daily log will be kept in [First name]'s classroom to record all blood glucose test results and insulin administered.
  - Records will be kept regarding all instances in which glucagon is administered to any student.
  - The school will provide [First name]'s Parent/Guardian with daily reports (if requested) as to [First name]'s blood sugar levels and any and all treatments provided during the school day. (If school personnel are supervising the reading of blood sugar levels and/or the administration of treatments.)
  - The following trained staff member will complete the daily log: (For student who is not independent)
- 

**SNACK, LUNCH, WATER, AND BATHROOM PRIVILEGES:**

- [Delete if not needed] School personnel will monitor [First name]'s intake of food at lunch and snack by confirming at the end of lunch and snack the amount of food a student eats and notifying personnel responsible for the student's care after lunch and snack if the student failed to eat a significant part of the meal and therefore is at higher risk of hypoglycemia.
- [First name] shall be permitted to use the bathroom as needed.
- [First name] shall be permitted to have immediate access to water, including keeping a water bottle in [First name]'s possession and being allowed to use the drinking fountain as needed.
- [First name] shall be permitted to have food and/or juice whenever necessary during the school day and on field trips and be allowed sufficient time to consume either.
- [First name] shall be permitted to have food and/or juice whenever necessary when being transported to and from school or on field trips.

**ACADEMIC TESTING:**



- If [First name] is affected by high or low blood glucose levels at the time of regular testing, the test may be taken at another time without penalty (For timed state or standardized testing, the student may not receive a valid score if the test is not taken within the required testing limitations.)
- If [First name] needs to take breaks to use the water fountain or bathroom, do a blood glucose test, or to treat hypoglycemia or hyperglycemia during a test or a classroom assignment, extra time will be given to finish the test or assignment without penalty. (For timed state or standardized testing, the student may not receive a valid score if the test is not taken within the required testing limitations.)

**FIELD TRIPS/SCHOOL-SPONSORED EXTRACURRICULAR ACTIVITIES:**

- [First name] will be permitted to participate in all field trips and school-sponsored extracurricular activities (such as sports, clubs and enrichment programs) without restriction and with all of the accommodations and modifications set forth in this plan.
- [First name]'s Parent/Guardian, or another adult family member or friend designated by the Parent/Guardian, will be invited to accompany [First name] on field trips, regardless of the limited number of Parents/Guardians permitted to attend the field trip.
- If either a Parent/Guardian or a Parent/Guardian designated family member or friend does not choose to attend the field trip or school-sponsored extracurricular activity and [First name] requires assistance in monitoring or performing diabetes care tasks and/or administration of insulin at school, a school employee (either the parent/guardian designated trained school employee or another employee designated and trained by the school) will accompany [First name] to provide the care specified in the *Parent/Guardian Consent and Physician Instruction & Authorization Form* and this IHCP.
- [First name] will be allowed to take a sack lunch on field trips even if a lunch is provided at the site of the field trip.

**IN THE EVENT OF AN EMERGENCY/DISASTER:**

- In the event of an emergency, disaster, or drill, a designated staff member will take [First name]'s diabetes, as well as other emergency, supplies to the designated class location.
- If [First name]'s Parent(s)/Guardian(s) cannot be contacted regarding any aspect of their child's medical treatment, the school will contact [First name]'s physician and/or call 911. (See attached *Release of Confidential Information* form.)

**OTHER:** (specify; e.g., special instructions in event of emergencies/shelter in place situations, additional medical conditions)

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**I understand the requirements of this Individualized Health Care Plan:**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Health Educator/School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Student (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: Parent/Guardian  
Student's Health, Special Ed and/or Section 504 file (as applicable)  
Health Office File



January 11, 2007

Letterhead and Logo to be placed here  
SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT

Dear Parents,

The purpose of this letter is to help you understand the health care services in the San Ramon Valley Unified School District that may be available for your student with diabetes. The goal of diabetes care is to maintain blood glucose levels within your child's target range and to enable your child with diabetes to safely and fully participate in the educational program and in all school-sponsored activities while attending school in the San Ramon Valley Unified School District.

**What to Expect:**

Diabetes is not considered in determining where a student attends school. Your child will be assigned to a school without discrimination and in accordance with the district's placement policies.

All teachers and other school personnel who have primary responsibility for your child will receive training including general information about diabetes and recognition and appropriate response to hypoglycemia and hyperglycemia.

An Individualized Health Care Plan (IHCP) will be developed using information obtained from your physician and you. The IHCP sets forth the procedures and practices necessary to manage your child's diabetes care while at school. The IHCP is developed during a meeting between you and your child's school health care team to implement the medical orders of your child's physician. The school health care team includes your child's principal, teacher, school nurse and any other school personnel necessary to assist with your child's health care. Attached is a list of possible accommodations that are available to students with diabetes depending on their level of need. Please take a few minutes to review these as they will be discussed at the meeting along with the physician's information in order to develop the individualized health care plan for your child.

If your physician indicates that your student is able to perform diabetes care tasks independently, the IHCP will state that your child shall be permitted to attend to the care and management of his or her diabetes in the classroom, in any area of the school or school grounds, and at any school-sponsored activity. Also, if specified in the health care provider's orders, your student will be permitted to possess on his or her person at all times all supplies and equipment needed to perform diabetes care.

If your child is not independent in performing diabetes care tasks, you and your school health care team will identify who may provide the care during school hours. Parents are always welcome to participate in the care of their child but will not be required to provide care. School personnel (whether nurses or trained school employees) will perform diabetes care tasks or assist your child in performing these tasks unless you choose to provide your child's diabetes care yourself or have a friend or family member provide such care.

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You and your child's school health care team will work together to determine who can best provide care for your child. The school will help you find school employees willing to be trained and to provide the needed care to your child if you so choose. You will make the ultimate decision about who will be designated and trained to provide care. Your child's Individual Health Care Plan will state whether performance or assistance is required for each diabetes task - from daily monitoring and insulin to emergency care.

As specified in the IHCP, whenever your student is in school or participating in school-sponsored activities, at least one designated, trained school employee will be on site and available to provide care. Parents may attend field trips and other school-sponsored activities to provide care, but are not required to do so. Also, if your child becomes unconscious or unresponsive due to severe hypoglycemia, trained school personnel shall administer emergency medication such as glucagon (if specified in the student's IHCP), contact 911, and take other actions as specified in the student's plan.

If your child participates in the school lunch program, menus with carbohydrate counts are available at the school. These menus are available online at the District website: [www.srvusd.k12.ca.us](http://www.srvusd.k12.ca.us). Additionally, if your student needs assistance in monitoring food intake during school hours, school staff is available.

Additionally, if your child is eligible and qualifies for accommodations pursuant to Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act, the student's Section 504 Plan or Individualized Education Program (IEP) will incorporate the accommodations in the IHCP along with other needed provisions for special education and/or related aids and services so the student can be assured a free and appropriate public education. Each student with diabetes who needs assistance with health care services while at school will be offered such services as set forth in an IHCP pursuant to a Section 504 plan unless the student is also entitled to an IEP. Each 504 and IEP plan is based on the student's individual needs, abilities, and medical conditions and includes only those items that are relevant to the particular child.

**Getting Started:**

The first step in providing care at school requires you to complete the "Parental Consent for Management of Diabetes at School" form and to contact your health care provider to complete and sign the "Physician Authorization for Diabetes Management in School" form. Without these signed documents, the District cannot provide care for your child. These forms are attached to this letter. Please return the completed forms to your child's school as soon as possible.

**Step Two:**

Once these required forms have been completed and returned to your child's school, you will be invited to attend a meeting where together, you and the school's health care team will review the physician's orders and develop an Individualized Health Care Plan (IHCP) for your child. Your child's qualification for a 504 Plan or IEP will also be discussed at this meeting. If your child does qualify, then the appropriate plan and accommodations will be discussed and developed. If at any time you have any questions or concerns about the diabetes care your child is receiving while he or she is at school, please contact your child's principal, or any other member of your

child's school health care team. The District's Diabetes Care Protocol is available for review upon request at your child's school or the District Office. You may also call the District Office at 552-2914 if you need help, information or have additional questions or concerns.

Our primary concern is for the safety of your child. This can be accomplished if we work together.

Sincerely,  
Principal Name

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## **POSSIBLE MODIFICATIONS AND ACCOMMODATIONS FOR STUDENTS WITH DIABETES**

Below is a list of possible accommodations available to students with diabetes in the San Ramon Valley Unified School District. Not all accommodations are needed by all students. This list will be used along with the physician's information to discuss and develop your child's Individualized Health Care Plan (IHCP) during your meeting with the school health care team. Your child's particular needs will determine which accommodations are necessary. Please review the list and contact your child's school if you have any questions prior to the meeting.

### **CLASSROOM PROTOCOL:**

- Student's Parent/Guardian will be notified at the start of school regarding who Student's core/classroom teacher(s) will be. School placement will be based on district policy, which does not discriminate based on a medical condition.
- The school nurse or other qualified licensed health care professional with expertise in diabetes will provide training and information to the teacher and all relevant staff regarding the diabetes-related needs of Student while in the school/classroom setting.
- Student and/or Student's Parent/Guardian may set a time with the teacher to discuss diabetes with Student's homeroom classmates, if desired by the family.
- A copy of this plan will be included with class information provided to a substitute teacher.
- Student will not be penalized for absences or tardiness required for medical appointments or illness provided Student's Parent/Guardian notifies school and clears the absence in the school-required timeframe.
- Student shall be permitted to leave class to see the nurse or other trained personnel for diabetes-related issues. If necessary (due to low blood sugar), an adult will accompany Student.
- Diabetes care tasks may be done at any location in school, including, but not limited to the classroom, on school grounds, the cafeteria, at field trips or sites of school-sponsored extracurricular activities, or on the school bus.

### **DIABETES CARE:**

#### **BLOOD GLUCOSE MONITORING:**

- Student shall have immediate access to all items necessary for the treatment of diabetes, including but not limited to blood glucose testing equipment, insulin, and glucagon.
- Student shall be permitted to carry needed diabetes supplies at all times with doctor and Parent/Guardian written permission.
- If required in Student's *Physician Instructions & Authorization*:
  - The following people have been trained to and will be available to monitor, test and record Student's blood glucose:

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#### **HYPOGLYCEMIA AND HYPERGLYCEMIA:**

- A school nurse with current knowledge of diabetes management or other health care professional with expertise in diabetes and Student's parent/guardian, if they so desire, will train all teachers, as well as anyone else who may be supervising Student in the school setting, on the signs of hypo/hyperglycemia and the proper treatments.
- If Student shows signs of hypoglycemia, the appropriate treatment as identified by the *Physician Instructions & Authorization* will be administered immediately (for mild hypoglycemia treatment may be self administered if provided for in the physician's instruction). Student will not be left without adult supervision until the treatment has been completed. The Parent/Guardian will provide *Parent/Guardian Consent and Physician Instructions & Authorization* regarding the type of treatment to be administered.

Select one of the next two statements by deleting the other statement and this line:

- Since Student is independent, should Student shows signs of hyperglycemia, Student will be allowed to administer the appropriate treatment in accordance with his/her physician's instructions and this IHCP. School personnel will provide care in an emergency situation or where the student is otherwise unable to provide self-care.



**POSSIBLE MODIFICATIONS AND ACCOMMODATIONS FOR STUDENTS WITH DIABETES**

- Since Student is not independent, should Student shows signs of hyperglycemia, the appropriate treatment will be administered in accordance with the student’s physician’s instructions and this IHCP.

**ADMINISTRATION OF INSULIN:**

- Insulin will be administered in accordance with the level of self-care listed in the *Parent/Guardian Consent and Physician Instruction & Authorization Form*. [Note: If “School Nurse” is selected as the administrator of insulin, it may take up to 30 minutes for your child to receive insulin from a nurse in the event a nurse is unavailable. When a student cannot administer his or her own insulin and the student's IHCP specifies that only a licensed nurse will administer insulin to the student, the nurse will be available within 30 minutes of being notified that the student requires an unscheduled administration of insulin (for example, to correct a high blood glucose value). Unless there are other complications, the student will continue with regular scheduled activities until the nurse arrives. If the student's IHCP specifies that insulin is to be given at a specified time each day, a nurse will be present to administer the insulin at that time each day. In the unusual event that a nurse cannot be present at the scheduled time on a particular day, a nurse will administer the insulin within 30 minutes of the scheduled time. ]
- Insulin will be provided based on the following numbered order of preference:

- \_\_\_\_\_ Student
- \_\_\_\_\_ Parent/Guardian
- \_\_\_\_\_ Parent/Guardian Designee (Family/Friend)
- \_\_\_\_\_ Parent/Guardian Designee (Trained School Employee)
- \_\_\_\_\_ School Nurse

Name(s) of Parent/Guardian Designee(s):

Family/Friend (Name and Number):

Trained School Employee (Name and Position):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- [Delete if not needed] If a parent/guardian designated trained school employee is not yet identified, parents and the school team will meet again by \_\_\_\_\_. During this time, the school and parent/guardian will work together to identify an appropriate onsite school employee. Every effort will be made to have trained staff available in each school at the start of each school year as needed.
- If a parent/guardian designates one or more trained school employees to oversee or administer insulin injections or boluses (via pump), that parent/guardian designated trained school employee will be on site with Student to provide the diabetes care set forth in this IHCP.
- If none of the above named designees is available, the parent/guardian will be notified and either a qualified school employee or someone of the parent/guardian’s choosing will administer insulin to Student in accordance with his or her *Physician Instructions & Authorization*.
  - In the event that the parent/guardian designated trained school employee(s) are unavailable on a particular day or for a field trip or school sponsored activity where the student will require medical assistance for diabetes, [First name]’s parent/guardian designates the school to have a qualified school employee administer insulin to [First name] in accordance with his/her *Physician Instructions & Authorization*. A “qualified school employee” is either an employee who is a licensed health care provider or an unlicensed employee who has been trained to administer insulin and provide diabetes care tasks by a school nurse or a health care professional with expertise in diabetes.

**ADMINISTRATION OF GLUCAGON:**

- The following school employees have been trained in the administration of a glucagon injection at the student’s school (minimum of two).

## **POSSIBLE MODIFICATIONS AND ACCOMMODATIONS FOR STUDENTS WITH DIABETES**

- At least one adult staff member with training will be on site with Student during school hours, school –sponsored extracurricular activities, and field trips to administer glucagon if needed.
- In the event of a seizure or unconsciousness, the treatment called for in the *Parent/Guardian Consent and Physician Instruction & Authorization Form* will be given immediately by the nearest trained adult.
- In the event of a seizure or unconsciousness, the school will also call 911, the Parent/Guardian, and the school nurse immediately, in that order.

### **DOCUMENTATION OF MEDICATIONS ADMINISTERED:**

- If Student is not independent, a daily log will be kept in Student’s classroom to record all blood glucose test results and insulin administered.
- Records will be kept regarding all instances in which glucagon is administered to any student.
- The school will provide Student’s Parent/Guardian with daily reports (if requested) as to Student’s blood sugar levels and any and all treatments provided during the school day. (If school personnel are supervising the reading of blood sugar levels and/or the administration of treatments.)
- The following trained staff member will complete the daily log: (For student who is not independent)

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### **SNACK, LUNCH, WATER, AND BATHROOM PRIVILEGES:**

- [Delete if not needed] School personnel will monitor Student’s intake of food at lunch and snack by confirming the approximate amount of food eaten to determine the need for insulin.
- Student shall be permitted to use the bathroom as needed.
- Student shall be permitted to have immediate access to water, including keeping a water bottle in Student’s possession and being allowed to use the drinking fountain as needed.
- Student shall be permitted to have food and/or juice whenever necessary during the school day and on field trips and be allowed sufficient time to consume either.
- Student shall be permitted to have food and/or juice whenever necessary when being transported to and from school or on field trips.

### **ACADEMIC TESTING:**

- If Student is affected by high or low blood glucose levels at the time of regular testing, the test may be taken at another time without penalty (For timed state or standardized testing, the student may not receive a valid score if the test is not taken within the required testing limitations.)
- If Student needs to take breaks to use the water fountain or bathroom, do a blood glucose test, or to treat hypoglycemia or hyperglycemia during a test or a classroom assignment, extra time will be given to finish the test or assignment without penalty. (For timed state or standardized testing, the student may not receive a valid score if the test is not taken within the required testing limitations.)

### **FIELD TRIPS/SCHOOL-SPONSORED EXTRACURRICULAR ACTIVITIES:**

- Student will be permitted to participate in all field trips and school-sponsored extracurricular activities (such as sports, clubs and enrichment programs) without restriction and with all of the accommodations and modifications set forth in this plan.
- Student's Parent/Guardian, or another adult family member or friend designated by the Parent/Guardian, will be invited to accompany Student on field trips, regardless of the limited number of Parent/Guardian permitted to attend the field trip.
- If either a Parent/Guardian or a Parent/Guardian designated family member or friend does not choose to attend the field trip or school-sponsored extracurricular activity and Student requires assistance in monitoring or performing diabetes care tasks and/or administration of insulin at school, a school employee (either the parent/guardian designated trained school employee or another employee designated and trained by the school) will accompany Student to provide the care specified in the *Parent/Guardian Consent and Physician Instruction & Authorization Form* and this IHCP.

**POSSIBLE MODIFICATIONS AND ACCOMMODATIONS FOR STUDENTS WITH DIABETES**

- Student will be allowed to take a sack lunch on field trips even if a lunch is provided at the site of the field trip.

**IN THE EVENT OF AN EMERGENCY/DISASTER:**

- In the event of an emergency, disaster, or drill, a designated staff member will take Student's diabetes, as well as other emergency, supplies to the designated class location.
- If Student's Parent(s)/Guardian(s) cannot be contacted regarding any aspect of their child's medical treatment, the school will contact Student's physician and/or call 911. (See attached *Release of Confidential Information* form.)

**OTHER:** (specify; e.g., special instructions in event of emergencies/shelter in place situations, any additional medical conditions)

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## SRVUSD Recruitment Plan

Annually and as needed by an individual student's Individual Health Care Plan (IHCP), San Ramon Valley Unified School District will take the following steps, in order to recruit non-licensed school employees to assist students with diabetes as "parent designated trained school employees."

- 1) The District will review the new protocol and forms regarding assistance to students with diabetes with all school nurses, principals and assistant principals to review and educate them on the role of "parent designated trained school employees."
- 2) At each school site that either currently does not have students with diabetes or where there are students with diabetes, but no parent designated trained school employees, each principal with the assistance of their school nurse will seek volunteers amongst their school staff to serve as "parent designated trained school employees." Staff members who are in daily contact with a student with diabetes and those who have experience with diabetes will be approached first. A list of volunteers will be sent to the District.
- 3) If a principal is unable to identify volunteers, the District will conduct an in-service at that school site regarding students with diabetes and the role of "parent designated trained school employees" in assisting students with diabetes. The District will ask staff members to volunteer following this in-service.
- 4) If no volunteers can be identified and a student at that school is diagnosed with diabetes, the principal will again seek out volunteers from those staff members who are in daily contact with the student and those who have experience with diabetes. If at this point no volunteers can be identified, and the parent/guardian wishes to designate trained school employees to provide care to their student while at school, then depending on the requirements of the students' IHCPs, the District will take reasonable and appropriate steps that are the most effective to have trained school employees at the site. Such steps may include, but are not limited to, hiring from the outside or assigning an existing district employee to the school site.

## **SRVUSD Recruitment Plan**

- 5) Every effort will be made to have trained staff available in each school at the start of each school year as needed.





**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT**  
**699 Old Orchard Drive, Danville, California 94526**  
**Educational Services**  
**(925) 552-5500 • FAX (925) 743-3902**

**SECTION 504**  
**SUMMARY OF FINDINGS (FORM A)**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Student's ID# \_\_\_\_\_ Grade or Subject \_\_\_\_\_

School \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_

Section 504 Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Parent Conference \_\_\_\_\_ Annual Review Date for 504 Plan \_\_\_\_\_

Educational Concern \_\_\_\_\_

Summary of Review of Records

Summary of Intellect and Academic Abilities

Summary of Teacher Information

Summary of Parent Information

Summary Statement of Findings/Recommendations

The 504 Team determined that:

- This student is a Section 504 disabled individual.
- This student is not a Section 504 disabled individual because:
  - The student does not exhibit a Section 504 disability.
  - The student does not exhibit a substantial limitation in learning or other major life activity.

Comments

Parent has received due process rights.

Signatures of the Section 504 Team:

504 Coordinator	Parent
Teacher	Teacher
Other	Other

**DISTRIBUTION:**

*White* - Student Cum

*Canary* – Teacher/Counselor

*Pink* – Education Services

ES:STU:11014 (4-Part NCR)

*Gold* - Parent



**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT  
SECTION 504 ACCOMMODATION PLAN (FORM B)**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date \_\_\_\_\_ School \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_

**Section 504 Disability:**

Mental or  Physical impairment, which substantially limits one or more major life activities

**Major Life Activity:**

Caring for Self     Hearing     Walking     Seeing     Breathing  
 Speaking     Working     Learning     Other: \_\_\_\_\_

**Section 504 Accommodations in Regular Educational Programs:**

- Inservice all relevant school personnel of Section 504 Plan
- Tape record lecture (\_\_\_)
- Short answer tests (\_\_\_)
- Open book/open note tests (\_\_\_)
- Use "books on tape" (\_\_\_)
- Stand in front of student when giving instruction (\_\_\_)
- Assignments and explanations on board when possible (\_\_\_)
- Extended time for completion of assignments and/or tests (\_\_\_)
- Modified assignments (\_\_\_)
- Parent attends class with child (\_\_\_)
- Student organizer/planner/notebook (\_\_\_)
- Positive reinforcement for productivity (\_\_\_)
- Positive reinforcement for behavior (\_\_\_)
- Preferential seating or special study area (\_\_\_)
- Concise and clear directions (\_\_\_)
- Parent checks homework (\_\_\_)
- Peer tutoring/lab partner (\_\_\_)
- Parent attends school conferences (\_\_\_)
- Parent maintains contact with teacher (\_\_\_)
- Use of computer lab (\_\_\_)
- Peer note taker (\_\_\_)
- Non-verbal cues to stay on task (\_\_\_)
- Behavior contract (\_\_\_)
- School Counseling and Intervention Program-"SCIP" (\_\_\_)
- Handouts given one at a time (\_\_\_)
- Daily/weekly progress reports (\_\_\_)

\_\_\_\_\_  
 \_\_\_\_\_

Key: S = Student T = Teacher P = Parent
--

Take medication as prescribed (\_\_\_)

**Medication Schedule:**

daily     weekly     as needed     administered by \_\_\_\_\_

Medication(s) \_\_\_\_\_ Schedule \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

**DISTRIBUTION:**

*White* - Student Cum

*Canary* - Teacher/Counselor

*Pink* - Education Services

ES:STU:11015 (4-Part NCR)  
*Gold* - Parent

**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT  
SECTION 504 ACCOMMODATION PLAN (FORM C)**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date \_\_\_\_\_ School \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_

**Section 504 Disability:**

Mental or  Physical impairment, which substantially limits one or more major life activities

**Major Life Activity:**

Caring for Self       Hearing       Walking       Seeing       Breathing  
 Speaking       Working       Learning       Other: \_\_\_\_\_

**Section 504 Accommodations in Regular Educational Programs:**

Parent has received due process rights.

Signatures of the Section 504 Team:

\_\_\_\_\_ 504 Coordinator \_\_\_\_\_ Parent

\_\_\_\_\_ Teacher \_\_\_\_\_ Teacher

\_\_\_\_\_ Other \_\_\_\_\_ Other

White- Student Cum	Canary-Teacher/Counselor	Pink- Educational Services	Gold-Parent
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## ANNUAL PARENTS' RIGHTS AND RESPONSIBILITIES NOTICE

Each year the school district is required to send certain information to all parents who have children in the public schools. Some of this information requires a response from each parent, some requires a response only if the parent so desires, and some requires no response at all. To assist you in understanding your role as parents, the following descriptions and notices are provided.

### GENERAL INFORMATION

- 1. Emergency Card:** Schools are required to have emergency information on file for each student. Incomplete or wrong data on this card could endanger the safety of your child in an emergency. Please read, provide information, sign (after reading the Annual Parents' Rights and Responsibilities Notice, Civil Defense Notice, District Discipline Code and Behavior Guidelines, and Student Acceptable Use Policy for District Computer Network), and return to school. Please Note: CONTACT THE SCHOOL IF ADDRESS AND/OR TELEPHONE NUMBERS ARE CHANGED AT ANY TIME DURING THE YEAR.
- 2. Medical Health Care and 504 Plan and/or IEP:** Students with a medical condition, such as diabetes, that requires management and/or emergency care during the school day will be provided needed care as specified by their physician through an individualized health care plan. Students may also be eligible for a Section 504 plan or Individualized Education Program (IEP). Contact the school for additional information.
- 3. Free/Reduced Lunch Notice:** The government provides a free and reduced price lunch program to all families. If you are eligible, complete the application and return it to your child's school. READ AND RESPOND IF ELIGIBLE.
- 4. Student Insurance Notice:** Parents are financially responsible for students at all times. The district does not pay for the costs of accidental injuries to students, nor does the district pay for student accident insurance. Student accident insurance must be provided by your own policy and/or the student insurance offer enclosed. If you desire this coverage, follow the instructions on the notice. READ AND RESPOND, IF DESIRED.
- 5. Civil Defense and Disaster Policy and Procedure:** District information is available at the local school or the Educational Services Department at the District Office.
- 6. News Media:** On occasion, news media request an interview with a student or group of students and, many times, desire to take pictures. Parents may request otherwise by contacting the principal.
- 7. Liability When Students Are Not On School Property:** The district is not responsible nor in any way liable for the conduct or safety of any student at any time when such student is not on school property, unless the district has undertaken to provide transportation for such student to and from the school premises, has undertaken a school-sponsored activity off the premises of the school, has otherwise specifically assumed such responsibility, or has failed to exercise reasonable care under the circumstances. In the event of such a specific undertaking, the district, board, or person authorized by the district shall be liable or responsible for the conduct

or safety of any student only while such student is or should be under the immediate and direct supervision of an employee of such district or board. Parents shall be informed of any field trips or other activities that require their student's absence from the school premises during the regular school day and shall be informed if their student is allowed to leave school premises during the lunch period. (E.C. 44808)

8. **Education Code (E.C.):** Questions regarding sections cited in this notice may be directed to the school office or the Educational Services Department at the District Office.

9. **Family Educational Rights and Privacy Act (FERPA):** Questions regarding sections cited in this notice may be directed to the school office or the Educational Services Department at the District Office.



**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT**

**STUDENT EMERGENCY CARD**

Teacher (Grades K-5 only) \_\_\_\_\_

Student Name \_\_\_\_\_

STUDENT INFORMATION	
Last Name	First Name Initial
Grade Gender M/F	(Provide Mailing Address if different than resident address)
Resident Address	Mailing Address
Resident City/Zip	Mailing City/Zip
Home Phone	
Birthdate	Social Security No.

PARENT INFORMATION	
Parent/Guardian (Name)	e-mail address
Relationship	Employer
Street Address	Work Phone
City Home Phone	Cell Phone Pager
<b>THIS SECTION MUST BE FILLED OUT Please print</b>	
<b>2<sup>nd</sup> Parent/Guardian (Name)</b>	
Relationship	
Street Address	City State Zip
Home Phone	
Employer	
Work Phone	Cell Phone e-mail

*Only the people listed below have my permission to authorize medical or surgical services for my child or to pick up my child in the event of illness or emergency: (LIST ANY ADDITIONAL EMERGENCY CONTACTS ON THE REVERSE)*

EMERGENCY CONTACTS	
Other /Daycare (Name)	Other (Name)
Daytime Phone	Daytime Phone
Relationship	Relationship
Address	Address
City	City

IN ACTUAL EMERGENCY CALL:	
Physician	Dentist
Phone No.	Phone No.
Insurance Co. or Plan	I.D. #

HEALTH INFORMATION – MEDICAL CONCERNS (will be shared with school staff members)	

PRIMARY ETHNICITY GROUP <i>Please circle primary and check all that apply</i>				
<input type="checkbox"/> 100-Native American/Eskimo	<input type="checkbox"/> 400-Filipino	<input type="checkbox"/> 500-Hispanic or Latino	<input type="checkbox"/> 600-African American or Black	<input type="checkbox"/> 700-White (not of Hispanic origin)
Asian	<input type="checkbox"/> 201-Chinese <input type="checkbox"/> 202-Japanese <input type="checkbox"/> 203-Korean <input type="checkbox"/> 204-Vietnamese <input type="checkbox"/> 205-Asian Indian <input type="checkbox"/> 206-Laotian <input type="checkbox"/> 207-Cambodian <input type="checkbox"/> 209-Other Asian			
Pacific Islander	<input type="checkbox"/> 301-Native Hawaiian <input type="checkbox"/> 302-Guamanian <input type="checkbox"/> 303-Samoan <input type="checkbox"/> 304-Tahitian <input type="checkbox"/> 399-Other Pacific			<input type="checkbox"/> 999-Declined to state

<b>HIGHEST PARENT EDUCATION LEVEL CODE:</b>	<b>10 – Grad. Sch/Post Grad</b>	<b>11 – College Grad.</b>
<b>12 – Some College (AA)</b>	<b>13 – High School Grad</b>	<b>14 – Not a High School Grad</b>
	<b>15 – Decline to State/Unknown</b>	

**I verify that the above information is true and correct.**

---

**Parent/Guardian Signature**  
**Please Continue on Reverse**

---

**Parent/Guardian Signature**

---

**Student Signature**



**RESIDENCY VERIFICATION**

I verify that the stated address of the legal guardian is correct. I understand that falsification of residence information will result in the student's immediate reassignment to the correct school of enrollment. I further agree that if I move I will inform the school within five (5) days of my change of residence.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

For school use only: Grid Code: \_\_\_\_\_

**PARENT AGREEMENTS**

Under ordinary circumstances, every effort will be made to contact the parent(s) in case of illness or emergency. However, some situations dictate that the school must obtain permission from or turn the care of my child over to one of the adults I have indicated on this card. In the absence of these or any other specific directions, the school authorities are empowered to use their best judgment in the interest of the health and the safety of my child.

In the event of a civil defense emergency, I hereby give my permission for my child to be transported to a safe location as determined by the school district or its designee, or be housed at a congregate care center until such time as a member of the immediate family can assume responsibility for my child. Transportation may be by private car, school bus, or other means of public transportation.

If my child drives his/her own or the family automobile to school, he/she has my permission to drive said vehicle to the relocation site in the event of a civil defense emergency. I understand by signing this waiver I am assuming full responsibility for my child's safe transportation and that the school will not assign my child responsibilities related to transporting students in a civil defense emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

**PARENT NOTIFICATION**

I have received and am aware of the Annual Parent Notice, the Civil Defense letter, the District Discipline Code and Behavior Guidelines and the Sexual Harassment Policy provided to me by the school. (Please be certain you have discussed the above with your child.)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed

**ADDITIONAL EMERGENCY CONTACT (Optional)**

Name

Relationship

Address

Daytime Phone

**CUM sent:**      **Date:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Student Name:** \_\_\_\_\_

**San Ramon Valley Unified School District**  
699 Old Orchard Drive  
Danville, CA 94526

**PARENT'S REQUEST FOR EMERGENCY TREATMENT  
FOR A STUDENT WITH LIFE-THREATENING MEDICAL PROBLEM**

**NOTE: Complete This Form Only If Your Child  
Has a Life-Threatening Medical Problem**

**Directions:** If your child has a medical problem that might result in a life-threatening emergency situation at school (e.g. Cardiac disorders, diabetes, severe asthma, severe allergic reactions to insects or food, or other miscellaneous life-threatening conditions), please complete this form and return to the School Nurse at your child's school.

Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Teacher/Counselor \_\_\_\_\_

**Medical Diagnosis and Description of Illness:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Plan to Follow:**

**IF YOU SEE THESE SYMPTOMS**

**DO THIS:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

You have my permission to contact my child's doctor to discuss the above medical condition and medical plan.

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Office Phone Number

This form will be attached to your child's emergency card and shared with appropriate staff. Additionally, a school nurse will review the information provided. Based on the doctor's orders, should a more comprehensive Individualized Health Care Plan ("IHCP") be needed, the school health care team will work with you to develop one. The IHCP identifies how health care services are to be provided to a student requiring medical care at school. Moreover, your child may be eligible for services pursuant to Section 504 of the Rehabilitation Act or the Individuals with Disabilities Act. Please see the Annual Parent Information Packet or contact the school for further information.

**I understand this plan will not replace usual emergency procedures such as calling 911.**

\_\_\_\_\_  
Parent/Guardian Signature  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_

This form was reviewed by \_\_\_\_\_

School Nurse

on \_\_\_\_\_

Date

EXHIBIT H

1 James M. Wood (SBN 58679)  
Kenneth J. Philpot (SBN 62401)  
2 Michael F. McCabe (SBN 111151)  
Kurtis J. Kearl (SBN 114977)  
3 Jayne E. Fleming (SBN 209026)  
REED SMITH LLP  
4 1999 Harrison Street, Suite 2400  
Oakland, CA 94612-3572  
5 Telephone: 510.763.2000  
Facsimile: 510.273.8832

6  
7 Arlene Mayerson (SBN 79310)  
Larisa Cummings (SBN 131076)  
DISABILITY RIGHTS EDUCATION AND DEFENSE FUND, INC.  
8 2212 Sixth Street  
Berkeley, CA 94710  
9 Telephone: 510.644.2555  
Facsimile: 510.841.8645

10 Attorneys for Plaintiffs

11 UNITED STATES DISTRICT COURT  
12 NORTHERN DISTRICT OF CALIFORNIA

13 K.C., by and through Erica C., her guardian,  
14 A.A., by and through Stacey A., her guardian,  
M.C., by and through Laurie C., her guardian,  
15 K.F., by and through Shereé F., her guardian,  
each one individually and on behalf of all  
16 other similarly situated children, and the  
AMERICAN DIABETES ASSOCIATION, an  
17 organization,

18 Plaintiffs,

19 vs.

20 SAN RAMON VALLEY UNIFIED SCHOOL  
DISTRICT, *et al.*

21 Defendants.

Case No. **C05 4077 MMC**

**REQUEST FOR DISMISSAL WITH  
PREJUDICE AND ORDER**

**Honorable Maxine M. Chesney**

22  
23 Plaintiffs, K.C., by and through Erica C., her guardian, A.A., by and through Stacey  
24 A., her guardian, M.C., by and through Laurie C., her guardian, each one individually, and  
25 the American Diabetes Association, an organization, and defendants, SAN RAMON  
26 VALLEY UNIFIED SCHOOL DISTRICT, BOARD OF TRUSTEES OF THE SAN RAMON  
27 VALLEY UNIFIED SCHOOL DISTRICT, ROBERT KESSLER, JOAN BUCHANAN, NANCY  
28

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PETSUCH, BILL CLARKSON, PAUL GARDNER and GREG MARVEL (collectively  
“SRVUSD”), by and through respective counsel, hereby enter the following stipulation:

Having executed a full settlement in this matter, a true and correct copy of which is  
attached as Exhibit A, the claims against SRVUSD as stated in the Complaint, filed by  
Plaintiffs, are hereby dismissed with prejudice. Each party is to bear their own costs and  
attorneys’ fees.

DATED: March \_\_\_\_\_, 2007 **REED SMITH LLP**

By \_\_\_\_\_  
JAMES M. WOOD  
Attorneys for Plaintiffs

and

DISABILITY RIGHTS EDUCATION  
AND DEFENSE FUND, INC.  
Arlene Mayerson  
Larisa Cummings  
Attorneys for Plaintiffs

Dated: March \_\_\_\_\_, 2007 **STUBBS & LEONE**

\_\_\_\_\_  
LOUIS A. LEONE  
KATHERINE A. ALBERTS  
Attorneys for Defendants  
SAN RAMON VALLEY UNIFIED  
SCHOOL DISTRICT, BOARD OF  
TRUSTEES OF THE SAN RAMON  
VALLEY UNIFIED SCHOOL DISTRICT,  
ROBERT KESSLER, JOAN BUCHANAN,  
NANCY PETSUCH, BILL CLARKSON,  
PAUL GARDNER, and GREG MARVEL

IT IS SO ORDERED:

Dated: \_\_\_\_\_

\_\_\_\_\_  
THE HONORABLE MAXINE M. CHESNEY







EXHIBIT J

**UNIFORM COMPLAINT PROCEDURES**

The Governing Board recognizes that the district has primary responsibility for insuring that it complies with state and federal laws and regulations governing educational programs, *except those complaints related to instructional materials, condition of facilities, or teacher vacancies or misassignments shall be processed in accordance with Board Policy 1312.4*. The district shall investigate and seek to resolve complaints at the local level. The district shall follow uniform complaint procedures when addressing complaints alleging unlawful discrimination or failure to comply with state or federal law in adult basic education, consolidated categorical aid programs, migrant education, career/vocational education, child care and development programs, child nutrition programs and special education programs, and allegations of unlawful discrimination (age, sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental/physical disability).

The Board prohibits retaliation in any form for the filing of a complaint, the reporting of instances of discrimination, or for participation in complaint procedures. Such participation shall not in any way affect the status, grades, or work assignments of the complainant.

The Board acknowledges and respects students and employee rights to privacy. Discrimination complaints shall be investigated in a manner that protects the confidentiality of the parties and the facts. This includes keeping the identity of the complainant confidential except to the extent necessary to carry out the investigation or proceedings, as determined by the Superintendent or designee on a case-by-case basis.

The Superintendent or designee shall ensure that employees designated to investigate complaints are knowledgeable about the laws and programs for which they are responsible. Such employees may have access to legal counsel as determined by the Superintendent or designee.

Nothing in this policy precludes a complainant from pursuing available civil law remedies, such as injunctions, restraining orders, public/private interest groups, attorneys, or mediation centers. The Board recognizes that a neutral mediator can often suggest an early compromise that is agreeable to all parties in a dispute. Whenever all parties to a complaint agree to try resolving their problem through mediation, the Superintendent or designee shall initiate a mediation process before beginning a formal compliance investigation. The Superintendent or designee shall ensure that mediation results are consistent with state and federal laws and regulations. The following alternative dispute resolution is available:

Contra Costa Conflict Resolution Panels  
Project of the Center for Human Development  
391 Taylor Blvd, Suite 120  
Pleasant Hill, CA 94523  
(925) 798-6132

The Governing Board designates the following compliance officer to receive and investigate complaints and ensure district compliance with law:

Roberta Silverstein, Assistant Superintendent  
San Ramon Valley Unified School District  
699 Old Orchard Drive  
Danville, California 94526

## UNIFORM COMPLAINT PROCEDURES

Complaints of employment discrimination are not subject to the State's uniform complaint procedure. Such complaints shall be sent to the following administrator who may use the procedures contained in this policy as general guidelines in the handling of such complaints:

Assistant Superintendent, Human Resources  
San Ramon Valley School District  
699 Old Orchard Road  
Danville, CA 94526

### Overview of Timelines:

1. The affected person or another person on his/her behalf must initiate the complaint no later than six months from the date when the alleged discrimination occurred or when the complainant first obtained knowledge of the facts of the alleged discrimination. (Title 5, Section 4630)
2. At any time in the process, the compliance officer shall discuss with the complainant the possibility of using mediation. The Compliance officer shall then make arrangements for a mediation conference.
3. Within 60 days of receipt of a complaint, the Superintendent or designee shall complete the investigation and send a written decision to the complainant.
4. The written decision shall include notice of the complainant's right to appeal the decision within 15 days of receiving the District written report to the California Department of Education.

This policy will be distributed annually to students, employees, parents, district-site advisory committees and other interested parties. For a full description of the Uniform Complaint Procedures, parties should request Administrative Regulation 1312.3.

*cf. 0410 - Nondiscrimination in District Programs and Activities*  
*cf. 0420.1 - School-Based Coordinated Programs*  
*cf. 0420.2 - School Improvement Programs*  
*cf. 0430 - Comprehensive Local Plan for Special Education*  
*cf. 3553 - Free and Reduced Lunch Programs*  
*cf. 4119.23 - Unauthorized Release of Confidential/Privileged Information*  
*cf. 5125 - Student Records*  
*cf. 6171 - Chapter 1 Programs*  
*cf. 6174 - Education for Students of Limited English Proficiency*  
*cf. 6178 - Vocational Education*  
*cf. 6179 - Child Care and Development Programs*  
*cf. 9011 - Disclosure of Confidential/Privileged Information*  
*cf. 9124 - Attorney*

### Legal Reference: .

EDUCATION CODE

200-262.3 Prohibition of discrimination

35160.5 Requirement of school district policies: parental complaints re. employees

48985 Notices in language other than English

**UNIFORM COMPLAINT PROCEDURES**

*49060-49079 Student Records*

*60650 Personal beliefs*

CODE OF REGULATIONS, TITLE 5

*3080 Application of section 4600-4671*

*4600-4671 Uniform Complaint Procedures*

GOVERNMENT CODE

*54957-5495 7.8 Closed sessions*

CIVIL RIGHTS ACT OF 1964

*42 U.S.C.A. section 2000c et seq.*

TITLE IX EDUCATION AMENDMENTS OF 1972

*20 U.S. CA. Section 1231q, 1681 et seq.*

SECTION 504, REHABILITATION ACT OF 1973

*29 U.S. C.A. section 721.761*

EDUCATION CONSOLIDATION AND IMPROVEMENT ACT OF 1981

*20 U.S. C.A. Section 3801 et seq.*

GENERAL EDUCATION PROVISIONS ACT

*20 U.S. C.A. 1221 et seq., especially:*

FAMILY EDUCATION AND PRIVACY RIGHTS ACT OF 1974

*20 U.S.C.A. Section 1221, 1232g*

34 code of federal regulations, Section 100.7(e)

## UNIFORM COMPLAINT PROCEDURES

### Purpose and Scope

The District is the local agency primarily responsible for compliance with federal and state laws and regulations. Persons responsible for conducting investigations shall be knowledgeable about the laws and programs, which they are assigned to investigate. This complaint procedure is adopted in order to comply with Code of Regulations, Title 5 Section 4620 et seq. and governs (1) complaints of discrimination on the basis of age, sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability; and (2) complaints of violations of the laws and regulations governing the following programs:

Adult Education	Consolidated Categorical Aid, such as:
Career/Technical Education	- No Child Left Behind
Child Development	- Economic Impact Aid (SCE, EIA-LEP)
Special Education	- Peer Assistance and Review
Nutrition Services	- School Improvement Program
	- Tenth Grade Counseling
	- Tobacco Use Prevention Education

### Compliance Officers

The Governing Board designates the following compliance officer to receive and investigate complaints and ensure district compliance with law:

Superintendent/Designee  
San Ramon Valley Unified School District 699 Old Orchard Drive  
Danville, California 94526

Complaints of employment discrimination are not subject to the State's uniform complaint procedure. Such complaints shall be sent to the following administrator who may use the procedures contained in this policy as general guidelines in the handling of such complaints:

**Assistant Superintendent of Human Resources**  
*San Ramon Valley School District*  
699 Old Orchard Road  
Danville, CA 94526

### Notifications

The Superintendent/designee shall meet the notification requirements of the Code of Regulations, Title 5, Section 4622, including the annual dissemination of district complaint procedures and information about available appeals, civil law remedies and conditions under which a complaint may be taken directly to the California Department of Education. (cf.5145.6 – Notifications Required by Law)

**UNIFORM COMPLAINT PROCEDURES****Procedures**

The following procedures shall be used to address all complaints that allege that the district has violated federal or state laws or regulations governing educational programs, except those complaints related to instructional materials, condition of facilities, or teacher vacancies or misassignments shall be processed in accordance with Administrative Regulations 1312.4. Compliance officers shall maintain a record of each complaint and subsequent related actions, including all information required for compliance with the Code of Regulations, Title 5, and Section 4632.

Complainants shall not be subject to retaliation as a result of the filing of a complaint. Investigations of discrimination complaints shall be conducted in a manner that protects confidentiality of the parties and the facts. (Title 5, Section 4630)

All parties involved in allegations shall be notified when a complaint is filed, when a complaint meeting or hearing is scheduled, and when a decision or ruling is made.

**Steps 1: Filing of Complaint**

Any individual, public agency or organization may file a written complaint alleging a matter, which, if true, would constitute a violation of federal, or state law or regulation governing the educational programs set forth above or unlawful discrimination.

The Complaint shall be presented to the Superintendent for the District except that complaints of employment discrimination shall be presented to the Assistant Superintendent, Human Resources.

A complaint must be in writing and contain a concise statement of the facts constituting the ground for the complaint, and, where applicable, the laws or regulations violated. The complainant must sign and date the complaint. If a complainant is unable to put a complaint in writing due to conditions such as illiteracy or other handicaps, district staff shall help him/her to file the complaint. (Title 5, Section 4600)

Complaints alleging unlawful discrimination may be filed by a person who alleges personal discrimination or by a person who believes that an individual or any specific class of individuals has been subjected to unlawful discrimination. The complaint must be initiated no later than six months from the date when the alleged discrimination occurred or when the complainant first obtained knowledge of the facts of the alleged discrimination (Title 5, Section 4630) The period for filing a complaint may be extended by the Superintendent/Designee, upon written request by the complainant and upon a showing of good cause. In no case shall the time for filing a complaint be extended beyond 90 days following expiration of the 6 month period. (Title 5, Section 4630(b)).

At any stage of processing the complaint, the parties may mutually agree to attempt mediation or an alternative dispute resolution. If needed, the parties may extend the timeline for completion of the investigation or seek an extension of the timeline for the complainant to file an appeal.

**UNIFORM COMPLAINT PROCEDURES**

Extensions of timelines must be by written agreement of the complainant. (Title 5, Section 4631(a)).

**Step 2: Investigation of Complaint**

*The Compliance Officer shall investigate the complaint.* The investigation shall provide an opportunity for the complainant, the complainant's representative, or both, and district representatives, to present *the complaint(s) and evidence or information leading to evidence to support the allegations of non-compliance.* (Title 5, Section 463(b)). *The investigation may include an opportunity for the parties to the dispute to meet to discuss the complaint or to question each other and each other's witnesses.*

**Step 3: Preliminary Decision**

The Compliance Officer shall hold a hearing within 20 days of receiving the complaint. At the hearing the complainant and the District's representative shall have the opportunity to present relevant information regarding the complaint. Parties to the dispute may discuss the complaint and ask questions. To ensure that all pertinent facts are made available, the complainant or the Compliance Officer may invite other individuals to attend the hearing and provide additional relevant information.

The Compliance Officer will issue a preliminary decision within 30 days from the date of the filing of the complaint. If further investigation is deemed warranted after the preliminary decision is issued, the Compliance Officer may further investigate the complaint

**Step 4: Response and Final Decision**

Within 60 days from receipt of a complaint, the Superintendent or designee shall complete the investigation in accordance with this procedure, prepare a written decision, and send a copy of the decision to the complainant. Extensions of timelines must be by written agreement of the complainant. (Title 5, Section 4631 (a))

*The written decision shall be written in English and in the language of the complainant whenever feasible or required by law.* The decision shall *contain:*

- (a) The findings and disposition of the complaint, including corrective actions, if any.
- (b) The rationale for the above disposition.
- (c) Notice of the complainant's right to appeal the decision to the California Department of Education, and procedures to be followed for initiating such an appeal.

**Appeals**

Any complainant may appeal a district decision to the State Superintendent of Public Instruction by filing a written appeal with the State Superintendent of Public Instruction within 15 days of

**UNIFORM COMPLAINT PROCEDURES**

receiving the district decision. For good cause the State Superintendent of Public Instruction may grant extensions for filing appeals.

The appeal shall specify the reason(s) for appealing the district decision and shall include a copy of the complaint and a copy of the district decision.

Upon notification by the State Superintendent of Public Instruction that the district decision is being appealed, the district shall forward the following to the State Superintendent of Instruction:

- (a) The original complaint.
- (b) A copy of the district decision.
- (c) A summary of the nature and extent of the investigation conducted by the district, if not covered in the decision.
- (d) A report of an action taken to resolve the complaint.
- (e) *A copy of the district's* complaint procedure.
- (f) Such other relevant information as the State Superintendent of Instruction may require.

**Basis of Direct State Intervention**

- 1. The State Superintendent of Public Instruction shall respond directly to the complainant without waiting for local agency action if one or more of the following conditions exist:
  - a) The complaint includes an allegation, and the department verifies, that a local educational agency failed to comply with the complaint procedures required by Title 5;
  - b) Discrimination is alleged by the complainant and the facts alleged indicate that the complainant will suffer an immediate loss of some benefit such as employment or education if the department does not intervene. However, nothing in this section gives the department jurisdiction over employment discrimination claims;
  - c) The complaint relates to agencies other than local educational agencies funded through the Child Development and Child Nutrition Programs;
  - d) The complainant requests anonymity and presents clear and convincing evidence, and the department verifies, that he or she would be in danger of retaliation if a complaint were filed locally, or has been retaliated against because of past or present complaints;



**UNIFORM COMPLAINT PROCEDURES**

- e) The complainant alleges that the local educational agency failed or refused to implement the final decision resulting from its local investigation or local Mediation Agreement;
  - f) The local agency refuses to respond to the State Superintendent of Instruction's request for information regarding a complaint;
  - g) The complainant alleges, and the department verifies or the department has information, that no action has been taken by the local educational agency within 60 calendar days of the date the complaint was filed locally.
  - h) For complaints relating to special education the following shall also be conditions for direct state intervention:
    - 1. The complainant alleges that a public agency, other than a local educational agency, as specified in Government Code Section 7570 et seq., fails or refuses to comply with an applicable law or regulation relating to the provision of free appropriate public education to student with a disability,
    - 2. The complainant alleges that the local educational agency or public agency fails or refuses to comply with the due process procedures established pursuant to federal and state law and regulation; or has failed or refused to implement a due process hearing order;
    - 3. The complainant alleges facts that indicate that the child or group of children may be in immediate physical danger or that the health, safety or welfare of a child or group of children are threatened;
    - 4. The complainant alleges that a student with a disability is not receiving the special education or related services specified in his or her Individualized Educational Program (IEP).
    - 5. The complaint involves a violation of federal law governing special education, 20 U.S.C. Section 1400 et seq., or its implementing regulations.
2. The complaint shall identify upon which basis, as described in paragraph (a) of this section, that direct filing to the state is being made.

EXHIBIT K

**IDENTIFICATION AND EDUCATION UNDER SECTION 504**

The Governing Board recognizes the need to identify and evaluate residents with handicaps in order to provide them with appropriate educational opportunities. Such individuals may require reasonable accommodation under Section 504 of the federal Rehabilitation Act of 1973.

The Superintendent or designee shall establish procedures whereby parents/guardians or staff may request screening and evaluation for any student they believe to have a handicap that significantly impairs his/her learning.

A school site committee of knowledgeable professionals shall meet to evaluate the student's eligibility under Section 504, and the student's parent/guardian shall be invited to participate on this committee. The evaluation may include, but is not limited to, classroom and playground observation, performance based testing, academic assessment information, and data offered by the parent/guardian.

If the student is found to have a defined handicap that significantly interferes with his/her learning or other major life activity, he/she shall be eligible for reasonable accommodation under Section 504, and the school site committee shall develop a written accommodation plan for the student. This plan shall specify the modifications which will be made in the regular education program in order to ensure the student a free appropriate education; it shall also include a schedule for periodic review of the student's needs and indicate that this review may occur sooner at the request of the parent/guardian or school staff.

The school site committee shall provide the parent/guardian with a written copy of the accommodation plan. If the committee determines that no accommodation is needed, the parent/guardian shall receive a record of the proceedings stating the basis for this decision. Parents/guardians shall also receive a copy of the procedural safeguards guaranteed under the Code of Federal Regulations, Title 34, Part 104.36.

*(cf. 0401 - Nondiscrimination in District Programs and Activities)*

*Legal Reference:*

UNITED STATES CODE, TITLE 20

*1232g Family Educational Rights and Privacy Act of 1974*

*1400 et seq. Individuals with Disabilities Education Act*

UNITED STATES CODE, TITLE 29

*701 et seq. Rehabilitation Act of 1973*

*794 Rehabilitation Act of 1973, Section 504*

CODE OF FEDERAL REGULATIONS, TITLE 34

*104.1-104.61 Nondiscrimination on the basis of handicap, especially*

*104.1 Purpose to effectuate Section 504 of the Rehabilitation Act of*

*104.3 Definitions*

*104.35 Evaluation and placement*

*104.36 Procedural safeguards*

*Southeastern Community Collage v. Davis (1970) 442 U.S. 397; 99 Supreme Court 2361*

**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT****Policy adopted: January 17, 1995****Danville, California****Policy revised: September 5, 2006**

**IDENTIFICATION AND EDUCATION UNDER SECTION 504**

1. Any student who, because of handicap, needs or is believed to need regular or special education and related aids and services not available through existing programs in order to receive a free appropriate public education, may be referred by a parent, teacher, other certificated school employee, or community agency to the school site principal.
2. The school site principal or his/her designee (as **school** 504 Team Coordinator) will bring the referral to the school's 504 Team which will be composed of persons knowledgeable about the student's individual needs, the student's school history, the meaning of evaluation data, and placement/accommodation options. The 504 Team Coordinator will monitor the composition of the 504 Team to ensure that qualified personnel participate.
3. The 504 Team will promptly consider the referral and based upon a review of the student's school records (including academic, social, behavioral, and medical records), and the student's needs, make a determination as to whether an evaluation under this procedure is appropriate. Students requiring evaluation will be referred to appropriate evaluation specialists.
4. If a request for evaluation is denied, the 504 Team will inform the parent(s) or guardian of this decision and of their procedural rights as described herein.

**Evaluation**

The evaluation of qualified handicapped students within the meaning of Section 504 and formulation of a plan for services will be carried out by the Section 504 Team according to the following procedures.

1. The 504 Team will evaluate the nature of the student's handicap and the impact of the handicap upon the student's education. This evaluation will include consideration of the handicapping condition and how it interferes with the regular participation of a student who otherwise meets the criteria (such as age) for participation in the educational program and/or activities. The evaluation will comply with the requirements of 34 CFR 104.35 (a) and (b).
2. No final determination of whether the student will or will not be identified as a handicapped individual within the meaning of Section 504 will be made by the 504 Team without first inviting the parent(s) or guardian of the student to participate in a meeting concerning such determination.
3. A final decision will be made by the 504 Team in writing, and the parent(s) or guardian of the student shall be notified of the Section 504 procedural safeguards available to them, including the right to an impartial hearing as described herein.

**Plan for Services**

1. For a student who has been identified as qualified handicapped within the meaning of Section 504, the 504 Team shall be responsible for determining what special services are necessary to ensure that the student receives a free appropriate public education.
2. In making this determination, the 504 Team shall consider all available relevant information, drawing upon a variety of sources, which may include, but not be limited to, comprehensive

**IDENTIFICATION AND EDUCATION UNDER SECTION 504**

assessments conducted by the district's professional staff.

3. The parent(s) or guardian shall be invited to participate in the 504 Team meeting where services for the student will be determined.
4. The 504 Team will develop a written plan describing the handicap and any modifications needed. The plan will specify how the regular or special education and related aids and services will be provided, and by whom. A copy of the plan shall be maintained in the student's cumulative file. The student's teacher, aide, and other school employees who provide services to the student shall be informed of the services necessary for the student, to the extent that any of these individual(s) needs be informed in order to provide for the student in the school setting.
5. The 504 Team may also determine that no special services are necessary for the student. If the Team determines that no special needs are necessary, the record of the 504 Team meeting will reflect the identification of the student as a handicapped person under Section 504 and will state the basis for the decision that no special services are presently needed.
6. In all cases, a handicapped student shall be placed in the regular educational environment of the district, with the use of reasonable accommodations, unless the district demonstrates that such a placement cannot be achieved satisfactorily. The handicapped student shall be educated with those who are not handicapped to the maximum extent appropriate to the individual needs of the student.
7. The parent(s) or guardian shall be notified in writing of the final decision concerning the services to be provided, if any, and the Section 504 procedural safeguards, including the right to a district level review of the decision and if necessary, an impartial hearing if the parent(s) or guardian disagree with the Team's decision or compliance with the 504 Plan.

**Review of the Student's Progress**

1. The 504 Team will monitor the progress of the handicapped student and the effectiveness of the student's plan annually to determine whether the services are appropriate and necessary, and that the handicapped student's needs are being met as adequately as the needs of the non-handicapped students.
2. Prior to any subsequent significant change in placement, a reevaluation of the student's needs will be conducted.

**Procedural Safeguards**

1. The parent(s) or guardian of a qualified handicapped student shall be notified in writing of all district decisions concerning the identification, evaluation, or educational placement of their child made under this regulation.
2. The parent(s) or guardian of a qualified handicapped student have the right to review relevant records regarding the student. Records may be reviewed at the school site or at the district office. Copies of student records may be obtained pursuant to Education Code section 49065.
3. Any written request or notification regarding Section 504 must be filed in the office of the

**IDENTIFICATION AND EDUCATION UNDER SECTION 504**

District 504 Coordinator, Educational Services Division, 699 Old Orchard Drive, Danville, CA 94526.

4. In the event that the parent(s) or guardian disagree with the school 504 Team decisions concerning the identification, evaluation, and/or educational placement of their child made under this regulation, the parent(s) or guardian shall notify the District in writing of their request for a District review of the decision. Upon receipt of this notification the District will have 30 days to respond and engage the parent(s) or guardian in a meet and confer process to resolve the issues.
5. If the District and parent(s) or guardian are unable to resolve the complaint through the meet and confer process, the parent(s) or guardian within 30 days of the decision, may submit a request in writing to the district for an impartial hearing.
6. The parent(s) or guardian shall have the right to an impartial hearing (“Section 504 due process hearing”), with opportunity for participation by the parent(s) or guardian and representation by counsel, as to district decisions concerning the identification, evaluation, and/or educational placement of a student. In the notice of any district decision concerning identification, evaluation and/or placement of a student, the parent(s) or guardian will be advised of:
  - (a) the date on or before which they must file a request for a Section 504 due process hearing, as specified below, (b) the person to whom they shall make such request, as set forth below, (c) the procedures for conduct of the hearing, and (d) the fact that reimbursement of attorney’s fees, expert witness and other costs is available only as authorized by law.
7. A parent, guardian or student making an oral request will be assisted by the district in making a written request. The written request for a hearing shall contain the following:
  - a. The specific nature of the decision(s) made by the district with which the person disagrees.
  - b. The specific relief the person seeks.
  - c. Any other information the person believes will assist in understanding the request.
8. Within 20 calendar days of receipt of a timely written request for hearing, the district Section 504 Coordinator will select an impartial hearing officer in each case for which a hearing has been requested, unless such time is extended for good cause or by mutual agreement of the parties.
9. A hearing officer selected by the district must satisfy the following requirements:
  - a. Be qualified to review district decisions relating to Section 504.
  - b. Not be an employee, or under contract with, the district or the SELPA of which the district is a member in any capacity other than that of a hearing officer.
  - c. Not have any professional or personal involvement that would affect his or her impartiality or objectivity in the matter.

**IDENTIFICATION AND EDUCATION UNDER SECTION 504**

10. Within 45 calendar days of the selection of the hearing officer, the hearing shall be conducted and a written decision mailed to all parties, unless such time is extended for good cause or by mutual agreement of the parties.
11. Any party to the hearing shall be afforded the following rights:
  - a. The right to be accompanied and advised by counsel and by individuals with special knowledge or training related to the problems of students who are qualified handicapped within the meaning of Section 504.
  - b. The right to present evidence, written and oral.
  - c. The right to question and cross-examine witnesses.
  - d. The right to written findings of fact, conclusions of law and decision prepared by the hearing officer.
  - e. The right to a written or electronic verbatim record of the hearing prepared at the expense of the individual requesting such record.
  - f. The right to prohibit the introduction of evidence at the hearing that has not been disclosed to the other party or parties at least five calendar days prior to the hearing, except for good cause shown.
  - g. Receipt of notice from the other party or parties at least 10 calendar days prior to the hearing that they will utilize the services of an attorney, except for good cause shown.
10. The hearing officer shall render a decision pursuant to the legal standards set forth in 34 CFR Part 104.
11. Either party may seek review of the hearing officer's decision by a court of competent jurisdiction.

Regulation  
approved January 17, 1995  
revised September 5, 2006

**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT**  
Danville, California

