



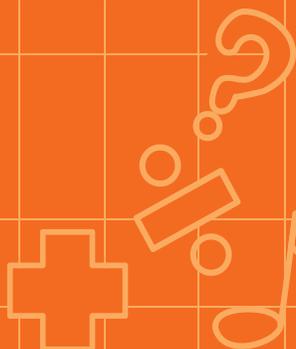
**Hemophilia Foundation
of Southern California**



BACK-TO- SCHOOL GUIDE



**Advice and tips for parents of
children with bleeding disorders**



**Hemophilia Foundation of Southern California
959 E. Walnut Street, Suite 114
Pasadena, CA 91106
www.hemosocal.org**



BACK-TO- SCHOOL GUIDE

**Advice and tips for parents of
children with bleeding disorders**

Hemophilia Foundation of Southern California
959 E. Walnut Street, Suite 114
Pasadena, CA 91106
hemosocal.org

CONTENTS

PREFACE	vi
INTRODUCTION	vii
HFSC Basic School Recommendations	vii
HEALTH CARE NEEDS	1
What's an Individualized Health Care Plan?	1
Does My Child Need an IHP?	1
How Do I Get an IHP?	1
Parts of an IHP	3
Administration of Medications at School	4
Turning 18?	6
What Is an Emergency Care Plan?	6
Does My Child Need an ECP?	7
Field Trips	7
ACADEMIC HELP	9
Section 504	9
How to Get a 504 Plan	10
What Are Accommodations and Modifications?	11
504 Accommodations for a Bleeding Disorder	13
Attendance	13
Tardies and Makeup Work	15
Special Considerations for Girls with Bleeding Disorders	15
Mental Health Concerns	15
Writing Good Accommodations	15
Modifications	16
What If My School Does Not Follow the 504 Plan?	16
The Individuals with Disabilities Education Act (IDEA) and IEPs	18
Requesting an IDEA Evaluation: Timelines	19
What If My School Does Not Follow the IEP?	21
Will My 504 Plan or IEP Follow Me to College?	22

Don't Fear the Word "Disability"—Get Help!	23
Child Care, Preschool, and Private Schools: Overlapping Laws?	23
Requesting a Section 504 or IEP Evaluation Flowchart	27
SCHOOL BULLYING	28
Bullying Statistics	28
Types of Bullying	29
Effects of Bullying	30
Ways to Prevent Bullying	30
Types of Bullying Infographic	32
Resources from PACER Center	33
Students with Disabilities and Bullying	34
The Individualized Education Program (IEP) and Bullying	38
Telling Classmates About Your Child's Disability May Foster Acceptance	39
Use Positive Strategies to Protect Your Child with Disabilities from Bullying	42
Student Action Plan Against Bullying	45
My Personal Plan to Take Action Against Bullying	48
RESOURCES (APPENDICES)	49
Appendix A Online School Resources for Parents and School Personnel (list with links)	50
Appendix B Individualized Health Care Plan (IHP), Example 1	54
Appendix C Individualized Health Care Plan (IHP), Preschool-redacted, Example 2	55
Appendix D Individualized Health Care Plan (IHP), 4th Grade-redacted, Example 3	57
Appendix E California HIPAA Waiver of Authorization	60
Appendix F California HIPAA Waiver of Authorization, Spanish	63
Appendix G Authorization for Administration of Medications at School, Example 1	66
Appendix H Authorization for Administration of Medications at School, (Spanish) Example 2	68
Appendix I Health-Related Waivers for Young Adults (HIPAA, FERPA, and Advance Directive)	69
Appendix J Medical Power of Attorney (Advance Directive)	73
Appendix K FERPA Release	80
Appendix L Emergency Care Plan, Example 1	81
Appendix M Emergency Care Plan, Example 2	83

Appendix N	ASCIP School Field Trip Guidelines, overview	84
Appendix O	Child Care and Preschool in California	86
Appendix P	Questions to Ask a Potential Child Care Provider	89
Appendix Q	504 Plan Example, Moderate Hemophilia A, High School	92
Appendix R	504 Plan Example, Glanzmann’s Thrombasthenia	96
Appendix S	504 Plan Example, von Willebrand Disease, High School Senior	101
Appendix T	504 Plan Example (blank form from Understood.org)	102
Appendix U	504 Plan Example (blank form from NYC Department of Education)	104
Appendix V	List of HFSC-Recommended 504 Plan Reasonable Accommodations	109
Appendix W	Chronic Illness Verification (CIV) Form	112
Appendix X	Permission to Treat Form (Consent to Medical Care for a Minor)	116
Appendix Y	Section 504 Evaluation Request, Sample Letter	117
Appendix Z	Special Education Evaluation Request, Sample Letter	119
Appendix AA	California Department of Education Uniform Complaint Procedures	121



■ **HFSC MISSION STATEMENT** ■

“Improving the quality of life and building community for those living with inherited bleeding disorders in Southern California”

PREFACE

HFSC Community,

Hemophilia Foundation of Southern California wants to support all of you to the best of our ability—and we decided that one way we could help is to pull together resources to create a comprehensive Back-to-School Guide that you can reference or provide to your school. We hope this Guide will grow over time with input from you—our community members—who are strong and determined advocates for your children. After eight years as Executive Director, I have discovered that many parents seek information to help their children succeed in school. Parents want to make sure they are doing everything right to help create an academic setting where their children can thrive despite having a bleeding disorder. In a day when therapies have vastly improved, our children now have an incredible choice of careers and livelihoods ahead of them.

We believe that students with bleeding disorders should receive an education equal to that of their peers, and should be encouraged to maintain as normal a school life as possible. All of our students are different. Some students with bleeding disorders may have no issues at school, while others may need assistance and varying degrees of support. To this end, we believe that (1) communicating with the school about your child’s health condition and (2) maintaining a positive relationship with school staff are two strategies that can work to create a successful academic career.

I hope this Guide can help you on your journey. Please remember that the information contained here should not be used in place of your annual visit with, consultation with, or advice from your health care provider. Also, we at HFSC have made efforts to ensure that the information in this Guide is accurate and reliable; but research, recommendations, and treatments change quickly, so please continue to rely on the advice of your health care provider. Similarly, this Guide does not provide legal advice. Please feel free to bring a copy of this Guide to your school.

In addition to the Hemophilia Federation of America (HFA) and PACER Center, whom we partner with, we want to give a big thank-you to the people who worked hard on this Guide, including Paul Clement, retired high school teacher, school Title I Liaison and principal researcher and writer of this Guide; our HFSC Intern, Karen Yang; graphic designers Amy Segal-Burke (cover) and Tracy Brody (text layout); and our reviewers: HFSC Board members Eli Economou, Esq., and Brian Iavicoli, RN; and Carol Jung, Esq., former HFSC Board member and Deputy Director of the Learning Rights Law Center, who support us in our desire to ensure a discrimination-free world for our students.

And finally, we want to thank our generous sponsors for their support: Genentech, Deep C Digital, Learning Rights Law Center and other individual anonymous donors.

Sincerely,

Michelle Kim, Esq.

Michelle Kim, Esq.
Executive Director

INTRODUCTION

Sending your child with a bleeding disorder off to school for the first time can cause a mixed bag of feelings. You may feel relief: you're no longer on duty 24/7 and may even have some "me-time." But your anxiety may skyrocket: you're no longer your child's guardian angel, monitoring their every move and protecting them from harm. You must now depend on teachers and other school staff to make sure your young student is safe. And you must depend on your child's ability to communicate if they experience a bleed or injury.

Although you may feel reassured after meeting with the school nurse and your child's teachers, be careful. How much of the information you provided really sank in? You may be the first family ever to talk to school staff about a rare bleeding disorder. How will you make sure that school staff know what to do in an emergency? You can be sure that staff are properly trained by requesting an Individualized Health Care Plan (IHP) and an Emergency Care Plan (ECP). If you haven't heard of an IHP or ECP, or other plans such as an IEP or 504 plan, read on. Your child's health care and academic success may depend on it!

Important Terms: Education and Health Care Acronyms

EAP: Emergency Action Plan (same as an ECP)

ECP: Emergency Care Plan

FAPE: Free Appropriate Public Education

FERPA: Family Educational Rights and Privacy Act

HIPAA: Health Information Portability and Accountability Act

IDEA: Individuals with Disabilities Education Act

IEP: Individualized Education Program

IHP: Individualized Health Care Plan

LEA: Local Education Agency (school districts, independent charters, boards of education, and county offices of education are all LEAs; in special ed, LEA is the legally responsible entity)

LRE: least restrictive environment

PHI: protected health information

■ HFSC BASIC SCHOOL RECOMMENDATIONS

This is our minimum school recommendations list:

1. Have an Individualized Health Care Plan (IHP). (We also highly recommend that you request a 504 plan.)
2. Keep medications including clotting factor concentrate (factor), Stimate®, medical supplies, and other emergency meds at school. (To keep meds at school, you will need to complete a form signed by your child's hematologist, so plan early for your hematology visit.)
3. Ask to meet with the teacher, school nurse, and other school officials well before school starts to renew or draft an IHP and be evaluated for, or update, the 504 plan or Individualized Education Program (IEP).

HEALTH CARE NEEDS

■ WHAT'S AN INDIVIDUALIZED HEALTH CARE PLAN?

An Individualized Health Care Plan, or IHP, is a document that gives direction to school staff on how to provide for your child's medical needs at school. An IHP is a variation of a nursing care plan, and it's written by the school nurse. It is based on information and approval from your child's physician, together with the student (if mature enough) and the parent or guardian. Other health care providers (for example, hemophilia treatment center [HTC], nurse, or social worker) and designated school staff (for example, counselor, administrator, or special education teacher) may also be involved in developing the IHP. All people involved in developing the plan normally sign off on the plan.

An IHP is written to ensure that a child's medical requirements are met during a school day. It contains all relevant information about your child's health care needs, including information about meds stored at school, as well as emergency contact information. The IHP lists the names of school staff who are responsible for monitoring your child's special health care needs while at school, including during transportation to and from school (if they ride a school bus); on the playground; during field trips; and in afterschool care or activities, such as sports or clubs. The IHP also includes a plan for how and when these staff will be trained. IHPs are valid for one school year and must be renewed annually. IHPs are updated as needed, and revised when significant changes happen in the student's health.

Note: An IHP, on its own, is not a legal document—it does not give you the legal protections of a 504 plan or Individualized Education Program (IEP), which provide “procedural safeguards” (consequences for not following the plan). If you have an IEP or 504 plan (both discussed later in this Guide), you should include and reference the IHP in the 504 plan or IEP so you have some legal protection that it will be followed.

Does My Child Need an IHP?

If your child has a bleeding disorder, the answer is yes. Even if your child currently has no problems with their bleeding disorder, an accident can happen at any time, and an IHP is the only way to make sure your child's health care needs will be met at school. See Appendix B and C for sample IHPs.

How Do I Get an IHP?

The process for developing an IHP can vary from school district to school district. Here are some general guidelines:

- First, contact your child's hematologist or health care provider and explain that you're requesting an IHP for your child. Ask if the doctor has an IHP template for your child's condition. Having a bleeding disorder IHP template will help the school nurse and jump-start the process. Usually, the hematologist or primary care physician will write the health protocol (guidelines for treatment) for the school nurse.
- Next, contact the school principal or school nurse, and request a meeting to develop an IHP. (Any request to a school

district should *always* be in writing, dated and signed. Make sure to keep a copy and proof of when you turned it in.) If this is your child's first IHP or your child is starting at a new school in the fall, you may want to begin this process in April/May of the previous school year, and schedule a meeting date before school starts. (This is because most staff are off during summer, so some schools may not hold meetings in summer—and you will want to have the IHP in place when school starts.) If you already have an IHP in place, it must be renewed every year.

- After these first steps, the school should contact you to schedule a meeting with the nurse to discuss your child's needs.
- If your child is old enough, including them can be helpful and reassuring for everyone involved.
- If you're not confident that you can discuss your child's needs clearly enough, contact your HTC and ask if a nurse or social worker can go with you to the meeting or assist you in other ways: for example, by writing a letter recommending items to be included in the IHP; you can give this letter to the school. Some specialty pharmacies (formerly called home care companies) with contracted nursing services may also provide this support. And you can always request help from HFSC.
- Give the school nurse as much information as possible about your child's condition and health care needs, to help the nurse develop the IHP. Most schools

require a physician's letter detailing your child's medical condition and any special care and medications needed at school.

- Provide emergency contact information for your child's hematologist, and for parents/guardians. And be sure to let the school know if you make any changes to your contact information, like a new cell phone or work number.
- Before you meet with the nurse, sign a HIPAA (Health Insurance Portability and Accountability Act) Waiver of Authorization with your HTC hematologist or health care provider, and bring it with you to the school meeting.¹ (Health care providers often have their own HIPAA form with specific language that they prefer to give to their patients—so check with your provider first.)

The waiver is a legal document that allows your physician to share protected health information (PHI) about your child's health condition with the school nurse, who may call the physician to request your child's health information.²

Limited HIPAA Waiver

If you wish, a HIPAA waiver may be limited. Instead of signing a full medical release, you may insert language or sign a release that limits the conversation that the school may have with the health care provider. For example, a parent may sign a release that says "XYZ school district may communicate with Dr. ABC only about student's DEF medication. XYZ school district may not communicate with Dr. ABC about anything else." HIPAA waivers must be renewed annually.

¹ The HIPAA Privacy Rule (1996) is a federal law that established privacy standards related to sharing health information. ² Be aware that your physician does not need the waiver to share medical information with the school nurse, because HIPAA allows this under an exception called "treatment purposes." But not all medical offices know about this exception and may reject a PHI inquiry, so be prepared with a waiver. The school may also ask you to sign their own waiver allowing the school to speak with your medical provider. An example of a HIPAA Waiver of Authorization form can be found online: <https://eforms.com/images/2016/10/California-HIPAA-Medical-Release-Form.pdf>

- As a part of the IHP team, you should also participate in deciding which staff requires PHI for your child’s safety. Staff who are trusted with PHI should be trained on their responsibility to safeguard that information. A HIPAA Waiver of Authorization form is included in Appendix E and F of this Guide.³ (See more notes on PHI in ASCIP Field Trip Guidelines and Health-Related Waivers for Young Adults in Appendix I of this Guide.)
- Ask the school to give you the quickest contact information to reach the right people in case of an emergency, including the nurse and your child’s teacher(s). This includes direct phone numbers (sometimes called “back door numbers,” which bypass the school switchboard or secretary) and perhaps cell phone numbers.
- Document all communications: save emails; and record date, time, person spoken to, and summary of conversations with the school in case there is a dispute.
- Request copies of the IHP and Emergency Care Plan (discussed in next section) when they are completed.
- At the IHP meeting, it might help to bring your child’s medications and explain how these are administered. You would also help the team by explaining the types of bleeds your child is likely to experience and what your child may be feeling during a bleed. And if your child is young, you might want to explain that your child may have extensive bruising.

Parts of an IHP

There is no specific format for writing an IHP, but most well-written IHPs have seven sections:

Privacy Not Guaranteed

Once PHI is entered into a school’s educational record, it’s no longer subject to HIPAA privacy rules. The confidentiality of student education records is weakly protected by another federal law, the Family Educational Rights and Privacy Act (FERPA) of 1974—a law that gives parents the right to access their children’s education records; the right to seek to have the records amended; and the right to have some control over the disclosure of personally identifiable information from the education records.

Unlike HIPAA, FERPA doesn’t generally protect the confidentiality of information beyond the school nurse—and most school staff don’t know about FERPA guidelines. Even school nurses may not completely understand FERPA, and may unknowingly violate FERPA regulations, for example by publishing schoolwide lists of student names and health conditions.

FERPA requires every school district to annually notify parents and eligible students (a student who has reached age 18 or is attending a postsecondary institution at any age) of their right to inspect and review their children’s or their own education records.

1. **Assessment:** This is the data-collection phase that helps the school nurse determine the student’s current health status and any real or potential health concerns.
2. **Diagnosis:** The school nurse uses the assessment and information provided by you and your doctor/nurse to formulate a nursing diagnosis based on how a bleed may look or how a child may act or feel when a bleed is in progress.
3. **Student Outcome Goals:** The school nurse identifies the desired results of nursing

3. An example of a HIPAA Waiver of Authorization form can be found online: <https://eforms.com/images/2016/10/California-HIPAA-Medical-Release-Form.pdf>

interventions (actions a nurse takes to implement a patient care plan, including any treatments, procedures, or teaching moments). Then the nurse states these goals in ways that can be measured and tracked. Examples of goals may include...

- The student participates in regular school/class activities, including PE, with modifications as needed.
 - Safety measures are set up to decrease the risk of injuries.
 - Bleeding episodes are treated promptly and adequately.
 - An Emergency Care Plan (see next section) is developed and implemented that describes what to do if a bleeding episode happens in school.
 - The student accepts the treatment measures.
4. **Nursing Interventions or Plan of Action:** This includes therapeutic actions (treatments or procedures intended to improve the patient’s comfort and health); qualified staff designated to complete the intervention; time, duration, and frequency of the intervention.
5. **Expected Outcomes:** Outcomes are statements of what the student is expected to do, experience, or learn from the IHP. Key outcomes may focus on attendance, participation, and academic achievement. Outcomes are specific, measurable, achievable, realistic, and time-bound or trackable, meaning that you can track your progress over time. (Sometimes called SMART goals.)

6. **Implementation:** The written IHP is put into practice, and the care provided is documented.
7. **Evaluation:** The school nurse measures the effectiveness of nursing interventions in meeting the specific student’s outcome. Changes are made to the plan as needed.

Administration of Medications at School

Administration by the School

In California, if you are asking that the school administer medications to your child—either prescription or over-the-counter (OTC) drugs—there are two things you need to give the school: (1) a written statement from a physician detailing the method, amount, and time schedule for giving the medication (often called “doctor’s orders”); and (2) a written statement from the student’s parent/guardian asking that the school district help the student to follow the physician’s statement.⁴

California Education Code Section 49423 deals with the issue of providing assistance in administering medication in California schools, and states that “any student who is required to take, during the regular school day, medication prescribed for him by a physician, *may* be assisted by the school nurse or other designated school personnel *if* the school district receives written statements from both the physician and parent.” [Emphasis added.]^{5,6}

Infusing clotting factor concentrate (factor) at school is a special situation. *Don’t assume that your child will automatically receive a factor infusion at school in an emergency!*

4. Some schools will have a form for the doctor to fill out and sign each year. (Generally, doctor’s orders are in effect for a year and must be renewed annually.) 5. Detailed information on California state law about administering medications at school can be found online in *CDE Program Advisory on Medication Administration*: <https://www.cde.ca.gov/ls/he/hn/documents/medadvisory.pdf>
6. Two examples of *Authorizations for Administration of Medications at School* can be found in Appendix G and H of this Guide, and online: <http://iepschool.com/wp-content/uploads/2020/05/authorization-administration-medication.pdf> and <http://fcoe.org/sites/fcoe.org/files/documents/Authorization%20for%20Medication%20Administration%20at%20School%20Form%20-%20Fillable.pdf>

Because of tight budgets, many school districts no longer staff each school with a nurse. Instead, schools may be staffed with a nurse's aide or health clerk, and have one or more registered nurses (RNs) rotating from school to school in the district. *Only a trained and licensed nurse (RN) or doctor can give an intravenous (IV) infusion.* Remember: Even if the school has a full-time nurse, *don't assume the nurse can, or will, infuse your child.* Ask the school nurse about the school policy on infusing IV meds, and ask if the nurse is comfortable or willing to administer factor via IV infusion. (Also remember that few school nurses will be comfortable or competent infusing through a port.)



You also can't depend on emergency medical services (EMS) staff, like paramedics, to infuse your child. In California, EMS staff are not permitted to inject or infuse someone with the person's own medication (with a few exceptions, including insulin, naloxone [Narcan®], and auto-injector epinephrine [EpiPen®]). Also, because of safety concerns, hospitals may have policies prohibiting the infusion of meds brought in by the patient's parent, guardian, or school nurse (a practice that hospitals call "brown bagging")—even if the hospital doesn't have the medication on hand. But this doesn't mean you shouldn't bring factor with you to the hospital! (Most hospitals do not stock clotting factor concentrates, and those that do are unlikely to stock your particular brand.) To reduce the risk of delayed treatment at the hospital, you should...

- Always keep medicines in their original packaging with a copy of the prescription.

- Call your child's hematologist on the way to the hospital.
- Bring a letter from your child's physician explaining your child's bleeding disorder and treatment, and recommending that your child be triaged as *urgent*. (This means your child should be given high priority; that's important because bleeds are often "hidden," and the triage nurse may mistakenly classify your child as a lower priority.) Also ask your doctor to include National Hemophilia Foundation's (NHF) recommendation: "Clotting factor replacement therapy should be given *before* any diagnostic studies (X-rays, CT scans etc.) are performed to evaluate a suspected bleeding problem, especially in the case of head trauma or suspected intracranial hemorrhage. For routine joint bleeding, no radiographic studies are indicated." (MASAC #257)⁷
- Bring a copy of NHF's Medical and Scientific Advisory Council (MASAC) Document 257, *Guidelines for Emergency Department Management of Individuals with Hemophilia and Other Bleeding Disorders*.

7. NHF's MASAC document 257, Guidelines for Emergency Department Management of Individuals with Hemophilia and Other Bleeding Disorders, can be found online: <https://www.hemophilia.org/healthcare-professionals/guidelines-on-care/masac-documents/masac-document-257-guidelines-for-emergency-department-management-of-individuals-with-hemophilia-and-other-bleeding-disorders>

- If your child’s HTC or medical provider are nearby, note in the IHP that your child should be transported to that hospital in an emergency. If the hospital is not nearby, and you have a choice between a large regional or teaching hospital and a small local hospital, then choose the regional or teaching hospital over the smaller hospital, and note this choice in the IHP. Larger teaching hospitals are more likely to have some experience in treating rare bleeding disorders. Finally, if the hospital where your child will be transported is not your medical provider, contact the hospital before the school year starts to make sure staff will infuse with the child’s personal medication in an emergency. Remember to document all communication, and get everything in writing.
- Tell the emergency room (ER) triage nurse the nurse that “sorts” patients by need) that hemophilia is often an “invisible” disorder—most bleeds are internal, often with no outward signs—and it’s essential that your child be treated for bleeding *first*, before any diagnostic tests are done.

Administration by Parents or Student at School

If your child can self-infuse, make sure the IHP includes authorizations from your medical provider and the school nurse allowing your child to self-infuse at school and also to carry factor and self-infuse on a field trip.

And be sure the IHP also includes an authorization allowing parents or guardians to infuse their children on campus and on field trips.

At HFSC, we’ve heard of a few instances where some schools don’t let students keep their medications, including factor, at school. This violates state law, and you should insist on leaving emergency doses at school. We recommend keeping at least two doses of medication at school, just in case mistakes are made while mixing and prepping the dose. Call HFSC if your child’s school refuses to allow you to keep medications at school. (And don’t forget to pick up your medications at the end of the school year so they’re not accidentally thrown out over the summer!)

Turning 18?

For a parent, especially the parent of a child with a bleeding disorder, the instinct to protect never ends. But when your child turns 18, most of your legal rights to access their protected records and make decisions on their behalf—medical, financial, and academic—come to an end. These rights are then transferred to your child, regardless of whether they are still in high school or covered by your health insurance plan. Parents who wish to continue providing support or helping their children in an emergency after they turn 18 should have their child complete two forms: (1) a HIPAA waiver, and (2) a medical power of attorney. A child who is going to college should also complete a limited FERPA release. (See Appendix I for more information about HIPAA, FERPA, and medical power of attorney.)

WHAT IS AN EMERGENCY CARE PLAN?

An Emergency Care Plan (ECP), sometimes called an Emergency Action Plan (EAP), is often confused with an IHP. But an ECP is different: it’s a one-or two-page set of guidelines giving short, specific directions on

what to do in a particular emergency. Unlike an IHP, an ECP is a quick-reference guide for *nonmedical staff*, like teachers, to follow in an emergency until medical assistance arrives. An ECP may also include a field trip plan. An ECP is a stand-alone document for distribution to nonmedical staff, but a copy is always included in the IHP. Sample ECPs can be found in Appendix L and M.

Does My Child Need an ECP?

Any child with a bleeding disorder should have an ECP plus an IHP. The ECP is written for nonmedical staff, in simple language and using as few words as possible, so someone can do a fast visual scan and quickly learn what to do in an emergency. ECPs are often written in an “If this happens, then do this” format. So, although an ECP may include some of the same medical information found in the IHP, it is only an action plan—it focuses on what to do in an emergency and little else. The ECP is distributed to your child’s teachers and to other school staff, including bus drivers or school aides, who your child may see during the day.

Teachers should also put a copy of the ECP in their substitute folder, which contains lesson plans and instructions for a substitute teacher, in case the regular teacher is absent.

Some school districts have downloadable ECPs for common health conditions such as asthma, allergies, diabetes, and seizures. Although these forms may be useful for you to see how they are set up and how they differ, ECPs for children with bleeding disorders need to be different. They must stress the importance of early treatment, and of contacting the parent/guardian immediately if

A Note About Fingerprinting

Field trip volunteer chaperones are **not** required to get fingerprinted for a *daytime field trip* as long as the volunteer is supervised by a teacher at all times. But the volunteer must complete an annual application, show ID, and be checked on the Megan’s Law sex offender database. (This is often called a “Level 1 Volunteer Clearance.”)

Volunteers attending an *overnight field trip* **are** required to get child safety clearance through a California Department of Justice (DOJ)/Federal Bureau of Investigation (FBI) fingerprint-based background check. (This is usually called a Level 3 Clearance, with a Level 2 Clearance reserved for field trip drivers, though this numbering may vary by district.) Keep in mind that a Level 3 Clearance may take about 30 days. It’s best to ask your child’s teachers about any upcoming field trips at the start of the school year and, if you plan to attend, get your paperwork in as soon as possible.

the child is injured or reports having a bleed. Also, for students with hemophilia, staff should be told that hemophilia is often an “invisible” disorder—most bleeds are internal, often with no outward signs—so staff must always accept the word of the student that a bleed is happening.

Field Trips

Federal law prohibits schools from excluding students with special health care needs from attending school-sponsored field trips.⁸ If your child needs factor infusions and can’t self-infuse, then often the best option is to infuse your child on the morning of the field trip. You can also volunteer to accompany your child on

8. Title 34, Subtitle B, Chapter I, Part 104 of the Code of Federal Regulation enacts Part 504 of the Rehabilitation Act of 1973. Subpart D of Section 504 prohibits discrimination against students with disabilities. This requires districts to provide services that meet the individual needs of students with disabilities as adequately as they meet the needs of students without disabilities.

the field trip (see box, “A Note About Fingerprinting”). If you or a guardian with infusion skills can’t go on the field trip, the school can’t require you to attend (unless all parents are required to attend), and your child *can’t be excluded from the field trip*. It’s the school nurse’s responsibility to make sure your child’s health care needs are met. Also, nursing responsibilities for infusing IV meds can’t be given to a nurse’s aide or other unlicensed faculty or staff. This means an RN must go with your child on the field trip if other arrangements can’t be made for emergency factor infusion—assuming the nurse is able and willing to do the infusion. If a parent or guardian who is skilled at infusing can’t go on the field trip, and the school nurse can’t attend or is unable or unwilling to infuse your child, then it is the district’s responsibility to provide

a nurse through a contract nursing services agency to accompany your child on the field trip.

It is also the school nurse and school district’s responsibility to staff the school health office during the field trip. And the costs of providing nursing services for the school health office and the field trip are the responsibility of the school district, not the parent. Although a district may ask, parents can’t be required to pay for nursing services for their child on a field trip, and the child can’t be excluded from the field trip because of cost.

For more information on field trips, some excerpts from the ASCIP Field Trip Guidelines are included in Appendix N of this Guide; or download the full guidelines: <https://ascip.org/wp-content/uploads/2016/06/ASCIP-Field-Trip-Guidelines-Final-Draft-10-23-2015.pdf>

What About Child Care and Preschool?

Family child care homes and child care centers (see Appendix O for description) do not have school nurses, so your child will not have an IHP. For child care, it’s up to the parent/guardian to educate the staff about a child’s bleeding disorder. Even though your child will not have an IHP, you should provide the staff with an ECP (ask HFSC for help), and review and explain to the staff what needs to be done if your child is injured.

Preschools run by a school district may have a rotating nurse—ask the school about the availability of a school nurse.

Some parents have reported that a child care center or preschool refused to accept their child simply because the child has a bleeding disorder. In almost all cases, this is against the law because it discriminates.

One exception to this is a child care center or preschool run by a religious entity, held in a church facility, and open only to church members. Such religious schools, providing they do not accept public funds, may be exempt from the Americans with Disabilities Act as well as California state laws protecting individuals with disabilities. In this case, it may be within their legal right to refuse admitting a child just because the child has a bleeding disorder.

To learn about your rights under the Americans with Disabilities Act, see the Child Care Law Center’s document *Know the Law About the Americans with Disabilities Act (ADA) and Child Care in California*: https://www.childcarelaw.org/resource/know-the-law-about-the-americans-withdisabilities-act-ada-and-child-care-in-california/#_edn3

ACADEMIC HELP

IPs and ECPs help protect your child’s health at school. But what if your child’s bleeding disorder is affecting—or might affect—academic performance?

All qualified children with disabilities, including a bleeding disorder, who attend school in the United States are guaranteed the right to a free **appropriate public education, or FAPE**. This right is guaranteed by two federal laws: Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) and the Individuals with Disabilities Education Act, or IDEA (Public Law 101-476). The two laws approach FAPE in very different ways.

**FREE FOR
APPROPRIATE STUDENTS
PUBLIC WITH
EDUCATION DISABILITIES:**

Requirements Under Section 504 of the *Rehabilitation Act of 1973*

SECTION 504

A 504 plan is a formal plan that schools develop to give students with disabilities the support they need. Most, if not all, children with a bleeding disorder would qualify for a 504 plan.

Section 504 is a civil rights law that protects anyone with a disability who attends a federally funded program, activity, or institution. This means all public schools.

Section 504 states that “no otherwise qualified individual with a disability in the United States...shall, solely by reason of his or her disability, be excluded from the

participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The main goal of Section 504 is to ensure that the educational needs of disabled students are met as effectively as those of the nondisabled. This applies to all public schools, charter schools, and magnet schools; to any class level, including magnet, gifted, advanced placement, and honors; and to private and religious schools that accept any federal funds, such as federal school voucher funds or National School Lunch Program (NSLP) funds.⁹

To qualify for support under Section 504, a student must have a physical or mental impairment that “substantially limits any major life activities at any time.” The Americans with Disabilities Act (ADA) Amendments of 2009 expanded this definition to include “anyone who has a record of such an impairment” and “anyone who is regarded as having such an impairment.” (You may be tempted to stop reading the rest of this section, thinking your child has no disabilities or impairments, or none that “substantially limits” them, but read on!)

Section 504’s definition of a disability that affects “major life activities” is very broad, and includes caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, learning—and much more. When suffering from a bleed or other

⁹ Also, Title II, subsection A, of the Americans with Disabilities Act (ADA) extends the prohibition on discrimination established by Section 504 to all activities of state and local governments, regardless of whether these governments receive federal financial assistance.

complication, your child with a bleeding disorder could be greatly limited in several of these activities; and this would qualify your child for support under Section 504.

It's important to note that your child doesn't have to have a disability or be greatly limited in any life activities at the time you apply for Section 504 support! An impairment that is episodic (like a breakthrough bleed) or is in remission or controlled by medications (like prophylactic factor infusions) is still considered a disability if it would limit participation in a major life activity when the impairment is active. HFSC recommends that all students with bleeding disorders request a 504 plan.

A final word about disability: When meeting with school officials about having your child evaluated for Section 504, it's important not to downplay your child's disability or potential for having a disability! If you tell the school staff that your child doesn't really have a disability, then this information may be used by the school to deny your child services.

How to Get a 504 Plan

To get a 504 plan, you first need to request a Section 504 evaluation. You should email your request to the 504 coordinator in your child's school district, and copy the school principal (all public schools have a district Section 504 coordinator; see box, "Is There Someone at My School Who Can Help Answer My Section 504 Questions? on page 16"). Remember, you need to make the first move by requesting a 504 evaluation in writing. The school will then notify you in writing that it intends to conduct an evaluation, why the evaluation is being conducted, and how it will be conducted.

And although not required by law, parental or guardian consent for an evaluation is usually

504 Plan or RTI?

Some schools, when they receive a request for a 504 evaluation, will first enroll the student in a *Response to Intervention* (RTI) program instead of conducting a 504 evaluation—but for most students with bleeding disorders, this is often ineffective and delays the 504 evaluation process. RTI programs try to address the problem of struggling learners, including students with possible specific learning disabilities, by implementing increasing levels of intervention strategies.

One of the goals of RTI is to limit special education eligibility to those students whose learning deficits need more specialized instruction within special education. Remember: Most students with bleeding disorders who need a 504 plan are dealing with physical limitations that affect their learning, and they don't have a learning disability—but RTI programs do not address physical limitations.

requested before setting up the 504 team. No specific time frames apply to requests for Section 504 evaluations, but you are entitled to a response within a reasonable time, generally within 30 calendar days.

Section 504 defines "evaluation" as the gathering of data or information from a variety of sources to help the evaluation committee in its work. Common sources of evaluation data for 504 eligibility are the student's grades, disciplinary referrals, health information (including an IHP), language surveys, information from parents or guardians, standardized test scores, and teacher comments.

A 504 evaluation team should include the school nurse, classroom teacher(s), and 504 coordinator, at a minimum. The school

principal, a counselor, lunch or recess aide, PE teacher, or special education coordinator may also be present. And although schools are not required by law to invite parents to a 504 meeting, most do, especially if the child has a physical impairment like a bleeding disorder. Though the school doesn't have to invite you to attend the 504 meeting, it's important for you to insist on attending, because the 504 team will probably not understand how bleeds can affect major life activities.

Don't walk into the 504 meeting unprepared! To help prepare for a meeting, experts recommend that you...

- Become familiar with state and school policies. Look at sample 504 plans. (See Appendices Q through U for samples of 504 plans.) Another good resource is the US Department of Education's *Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools*: <https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>
- To stay organized for future meetings, start a three-ring binder with these items:
 - ◇ Any current and past IEP or 504 plans.
 - ◇ Copies of any past 504 evaluations and classroom observations.
 - ◇ Copies of report cards.
 - ◇ All records of contact with the school, including printouts of emails and notes of phone conversations, with date, time, and name of person(s) involved in the call.
 - ◇ Medical reports or evaluations that apply to education needs.
 - ◇ Copies of the IHP and ECP.
 - ◇ Classwork and homework samples

(ask teacher for copies).

- ◇ Paper for taking notes.
- ◇ An agenda or outline of what you want to say; make this the first page of the binder. After introductions, parents are often invited to state their concerns. If you have your concerns written down, your mind won't go blank (504 meetings can be stressful). It's also easier to keep your emotions in check when you're reading an agenda or outline.
- ◇ Copies of a photo of your child with a sibling or family pet, or doing something they enjoy, to give the 504 team.
- Make a list of the accommodations you want for your child. (See the comprehensive HFSC list of accommodations in Appendix V.)
- It's also highly recommended that you bring someone, like a friend or relative, with you to the 504 meeting to take notes. Ask if your HTC can offer support—and call HFSC.

What Are Accommodations and Modifications?

If your child is eligible for Section 504 support, then a 504 accommodation plan (504 plan) is created. Remember that 504 plans offer *accommodations* and, less commonly, *modifications* and *services*. There are no changes in the curriculum itself for 504-eligible students. What's the difference between accommodations and modifications?

Accommodations are changes in *how* a student gets information and demonstrates learning. *Accommodations do not change the instructional level or content*, and they *do not*

lower standards or achievements. 504 plan accommodations are offered in the “least restrictive environment,” meaning the student’s regular general education classroom, not in a special education classroom.

Modifications are changes in *what* a student is expected to learn. *Modifications may include changes in instructional level, content or curriculum, performance criteria, and assignments.* Modifications are the backbone of Individualized Education Plans (IEPs) for special education, but are not common in 504 plans. For students with bleeding disorders and a 504 plan, modifications are sometimes made for physical education (PE) classes.

Services may include tutoring, home teachers, physical therapy, counseling services, and many more.¹⁰

Accommodations may be grouped into different types; some common groups include...

- **Presentation Accommodations:** Changes to the way instructional or test content is presented to a student. For example: larger font size; sign language; picture symbols; peer tutoring.
- **Response Accommodations:** Methods a student uses to respond to instructional activities or assessment tasks. For example: producing text orally or to a scribe; using speech-to-text software.
- **Setting/Environment Accommodations:** Changes to the location where an assignment or assessment is given, or changes to the environmental conditions the student needs. For example: location with less distractions; sensory tools; ear plugs; seat near a good role model or “study buddy.”
- **Timing/Scheduling Accommodations:** Changes to the amount of time allowed or the time of day when instruction or

Accommodations	vs.	Modifications
Changes in HOW a student gets information and demonstrates learning.		Changes in WHAT a student is expected to learn.
DO NOT fundamentally change or lower expectations or standards in instructional level, content or curriculum, assignments, or measurable achievements.		DO fundamentally alter or lower expectations or standards in instructional level, content or curriculum, assignments, and measurable achievements.
Changes are made in order to <i>provide equal access</i> to learning and equal opportunity to demonstrate what is known.		Changes are made to provide student with meaningful and productive learning experiences based on individual needs and abilities.
Grading is the same.		Grading is different.

¹⁰ No additional funding is given to the school for implementing accommodations or modifications as part of a 504 plan (private schools may sometimes charge extra tuition for providing services). But unlike 504 plans, schools do receive additional federal funding for implementing accommodations and modifications as part of an IEP.

assessments are given. For example: extended time; or providing key instruction to the student in the morning.

- **Organizational Strategies:** Color coding; providing a notebook with dividers and folders for work; checking that a student writes out homework assignments in detail; providing digital copies of books for home use.
- **Behavioral Strategies:** Using a private signal for a student to stay on task; praising positive behavior; posting rules and consequences for classroom behavior; putting students on daily/weekly progress reports or contracts.

504 Accommodations for a Bleeding Disorder

There are dozens of possible accommodations for a child with a bleeding disorder. Appendix V of this Guide has a comprehensive list of possible 504 accommodations, but there are always more. HFSC has tried to gather real-life examples of 504 plan accommodations, but remember: Although the list can give you helpful ideas about what's possible, developing accommodations is highly individual; any services and accommodations must match student needs. For your child with a bleeding disorder, the most common accommodations will probably deal with attendance, tardiness, ability and timelines for making up missed schoolwork, ability to visit the school nurse or health office, ability to visit the restroom, and ability to infuse at school. (And don't forget to include your IHP in your 504 plan so you have an option to enforce your rights if the IHP is not followed.)

Attendance

Attendance is high on the list of problem areas

for students with bleeding disorders. Students may miss school because of a bleed in progress, pain from joint damage or a recent bleed, heavy or painful periods, doctor's orders to stay off a limb after a bleed, port infections, and so on. Everyone with a bleeding disorder is at risk—all it takes is one serious bleed for a student with perfect attendance to suddenly miss several days or even weeks of school. That's why it's good for all students with a bleeding disorder to have a 504 plan, even if they don't currently need or use the accommodations listed in the plan.

Most school districts in California allow absences to be excused or "verified" by parents for up to three days after a child has been absent (some allow up to five days—check your school district policy ahead of time). Absences not excused within a certain amount of time are marked as unexcused, and the student is considered truant. (See box, "Get Your Child's Absence Excuse in Promptly!")

In California, parents are allowed to excuse their child's absence for medical reasons for up to three days, after which a doctor's note is required. Parents can avoid this requirement and excuse absences with the same authority of a doctor by using a Chronic Illness Verification (CIV) form. Your school district can provide this form, which must be completed by the student's physician and the parent/guardian and then submitted to the district. An example of a CIV is included in Appendix W of this Guide.

If your child is expected to be out of school for more than a few weeks, it's wise to get a home tutor through the California Home and Hospital Instruction Program (California Education Code Section 48206.3). This program serves students who have a temporary disability that makes attending

regular day classes or alternative education programs impossible or inadvisable. The purpose of this program is to provide instruction in the student's home or in a hospital or other residential health facility, excluding state hospitals.

"Temporary disability" is defined by this program as a physical, mental, or emotional disability that happens while a student is enrolled in regular day classes or an alternative education program, and after which a student can reasonably be expected to return to regular day classes or an alternative education program without special interventions.

But the Home and Hospital Instruction Program is not a replacement for school! The program allows for only a maximum of five hours of instruction a week, and without extra help, your child will quickly fall behind classmates. For more information on the Home and Hospital Instruction Program, visit the California Department of Education's web page: <https://www.cde.ca.gov/sp/eo/hh/>

Remember that a student's grade can't be lowered because of excused absences for medical reasons. This means that attendance can't be part of grading (often a concern in PE classes, as well as with some teachers in other subjects who may not know that attendance or tardiness can't be part of grading). Also, students can't be penalized by assigning them extra work or not letting them participate in an activity because of excused absences for medical reasons. And students with excused absences must be allowed to make up any work missed.

Even though a 504 plan may offer accommodations for absences, it's not a free pass, and the privilege shouldn't be abused. Avoid "playing the system" or encouraging your child to do so. Young children who don't want to attend school may quickly learn that by

Get Your Child's Absence Excuse in Promptly!

Normally, a student's absence must be excused and verified with a written note or a call to the school's attendance hotline within three days of the absence. A student who is absent without a valid excuse is considered *truant*. California's truancy laws are found in the Education Code. One of these is California Education Code 48260. This law defines as truant a child who, without a valid excuse, is...

- absent for three full days in a single school year;
- tardy three times in a year;
- absent three times for more than 30 minutes; or
- any combination of these.

Students who have missed 10 percent of the school year may be labeled a "chronic absentee" or "chronic truant." This label will trigger the involvement of a School Attendance Review Board (SARB), which can have serious consequences for both student and parents: fines up to \$2,000 and even jail time if parents don't make sure their kids attend school regularly.

faking a stomachache, they get to stay home.

Or an older student with an accommodation that gives extra travel time between classes may be tempted to use that time to talk to friends.

And accommodations for absences don't excuse the parent or guardian from following school district and state guidelines on reporting absences. Failure to submit required paperwork promptly after an absence may result in unexcused absences; this can lead to an "invitation" to the parent and child to attend truancy court or a Student Attendance Review Board.

Tardies and Makeup Work

Along with accommodations for absences, accommodations for tardies and making up missed work are also high on the list for students with bleeding disorders.

(Regarding making up missed work: Be sure your 504 plan includes accommodations requiring teachers to send the student missing assignments on each day of an absence.)¹¹

Contacting parents and students is a lot easier for teachers these days, thanks to widespread use of online school content management software—a school website that allows teachers, students, and parents to interact. Teachers usually have web pages for each class they teach. They can upload an assignment to the web page, and students can view and download it; or a teacher can send an assignment to a single student. Depending on the software, a teacher may also be able to upload an audio or video of the day’s lesson.

If your child can self-infuse and needs factor infusions to control a bleed, make sure to include in your list of accommodations (1) the ability to visit the school nurse or health office and (2) the ability to infuse at school.

Special Considerations for Girls with Bleeding Disorders

The ability to visit the restroom without question may be an important accommodation, especially if your child has frequent nose bleeds or heavy menstrual bleeding.

Mental Health Concerns

Many students with serious chronic conditions suffer from mental health issues—like anxiety and depression—related to their disorder. These issues should be included and documented as part of the 504 plan evaluation.

Possible accommodations addressing mental health may include the ability to speak with a trusted adult at school, or allowing the student to go to a quiet room for a time. Many schools also offer counseling at the school site that is available to all students. If mental health issues interfere with progress at school, your child may qualify for an IEP, discussed in the section, “The Individuals with Disabilities Education Act (IDEA) and IEPs.”

Writing Good Accommodations

Accommodations are often written as a series of bullet points and short phrases. But to avoid any confusion, you should write accommodations using clear, specific wording.

For example, a poorly worded accommodation for attendance might be “Adjust attendance policy.” But what this means isn’t clear, so a teacher or attendance clerk might not know exactly how to adjust the attendance policy. A better statement: “All absences for medical reasons, with proper paperwork, will be excused. Parent/guardian will submit a Chronic Illness Verification (CIV) form and promptly send in school-required paperwork to excuse each absence. Student will not be penalized by being assigned extra work or being denied participation in an activity due to excused absences for medical reasons.”

Along with writing accommodations in specific terms, remember to avoid writing accommodations that would conflict with school or state policies, such as “All absences are excused.”

Finally, if you’re concerned about a teacher excluding your child from any activities because of a bleeding disorder, you may want

11. You may also want to ask for “quality over quantity”—less work in general for absences—so that a child doesn’t get buried in makeup work that they can never hope to complete.

to include a statement like “Prior written consent will be obtained from parent/guardian before exclusion from any activities not listed in this 504 plan.”

Modifications

Modifications aren’t usually part of a 504 plan, but for children with bleeding disorders, a modification concerning PE often is part of a 504 plan. Depending on the student, these modifications may be temporary—for example, until a bleed resolves. But in some cases, PE modifications may be permanent—for example, if the child has an inhibitor, target joint, or joint damage.

Remember: Accommodations are changes that *remove barriers to learning*. They “level the playing field” for children with disabilities. They do not, as some people (and some teachers) believe, give your child an unfair advantage over other students.

What If My School Does Not Follow the 504 Plan?

There are fewer protections in a 504 plan than in an Individualized Education Program (described in the section, “The Individuals with Disabilities Education Act (IDEA) and IEPs”). But that doesn’t mean that there isn’t anything you can do if the plan is not being followed.

Before you can develop a game plan, you need to gather information, do your homework, and manage your emotions. Parents often experience intense emotions as they try to get a good education for their child—emotions that can sometimes work against them. It often helps to work with an advocate—someone who knows about the law who can support you and also help reduce tense situations. If you’re unsure where to find an advocate, contact HFSC.

As a first step, get a copy of your school’s 504 plan grievance procedures (ways of resolving problems or complaints). Schools are required to have a grievance procedure in place to deal with discrimination issues. If your child’s 504 plan is not being followed, here are some steps to take, both informal and formal, in the order you should take them (remember to put everything in writing):

1. First, reread the 504 plan carefully to make sure that what you are asking for is really in the plan and clearly stated.
2. If your child is older, encourage them to self-advocate and speak up (politely) to ask for the accommodation that they are not receiving.
3. Email the teacher who is not following the plan, and politely point out that your child

Is There Someone at My School Who Can Help Answer My Section 504 Questions?

Yes, usually. The US Department of Education says, “All school districts, colleges, and universities receiving federal financial assistance and employing 15 or more persons must designate at least one employee to coordinate their efforts to comply with and carry out their responsibilities under Section 504. This person is often, though not always, referred to as a Section 504 coordinator. In smaller school districts, the district Director of Special Education often serves as the 504 coordinator.” In addition, “Your school is required to publish your Section 504 coordinator’s contact information in your school’s notice of nondiscrimination, typically found in the district student-parent handbook, bulletins, announcements, publications, catalogs, application forms, or other recruitment materials. The Section 504 coordinator’s contact information should also be prominently posted on your school’s website.”

has a 504 plan and is not getting such-and-such accommodation. It's always best to solve problems as close to the source as possible, by talking first with the person responsible. And it's always best to keep calm and be friendly and polite—being aggressive or combative rarely wins cooperation. (And if you're able, volunteer in class to support the teacher and help build a good relationship.)

4. If this doesn't work, contact the school's principal or special education program manager (the special education program manager, if there is one, usually oversees Section 504 plans) and explain the situation.
5. Contact the school district's 504 coordinator. Ask to schedule a meeting to discuss your child's 504 plan and compliance.
6. The next option may be to request "alternative dispute resolution" (ADR). This process is less formal than a due process hearing (used in IEPs). The ADR aims to maintain positive relationships between families and school staff by working toward solutions collaboratively, usually with the help of a neutral third person. ADR is a catchall for different ways to work through a conflict, including mediation, resolution panels, and independent child advocates. ("State mediation" and/or "due process," also part of ADR, are usually reserved for IEPs.) Some, but not all, school districts offer ADR for 504 plans. If you are requesting an ADR, experts advise that you also seek legal counsel. ADR agreements usually contain a legal waiver, and parents may unknowingly sign a much broader waiver than they need—or may even sign away rights to possible future legal claims.
7. If all else fails, file a complaint with the Office of Civil Rights (OCR):

<https://www2.ed.gov/about/offices/list/ocr/complaintprocess.html>

An OCR complaint must be filed within 180 days of the alleged discriminatory act. Keep in mind that filing an OCR complaint does not give immediate results: an investigation may take several months, and many complaints are not investigated. (The number of complaints investigated may improve under the new US Secretary of Education, Miguel Cardona.)

OCR complaints are limited in scope and focus: they apply only to whether a school followed the law. They usually don't address the content of a 504 plan or question individual education decisions or placement.

8. File a lawsuit. (Remember: Section 504 provides fewer legal safeguards and rights than IDEA.) You don't need to have an impartial hearing or file an OCR complaint first to file a lawsuit—but keep in mind that a lawsuit can be expensive and generally requires a lawyer.

Because of the time and expense involved, make sure you're confident that you have a strong case before you decide to go to court. A good example would be if the school says your child can't participate in a school activity simply because of a disability.

No one wants to be in conflict over a child's education. But if you feel your child's school and school district are not helping your child and you have no other choice, it's important to know your options. And if you need to escalate your complaint beyond the school district level, get help. A good place to start is by contacting the Center for Parent Information and Resources (CPIR), a service of the US Department of Education Office of Special Education Programs: <https://www.parentcenterhub.org/california/>

And contact HFSC.¹² (See note next page)

THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) AND IEPs

The Individuals with Disabilities Education Act, or IDEA, is a federal education law that requires schools to serve the educational needs of eligible students with disabilities.¹³ Unlike the Americans with Disabilities Act (ADA) and Section 504, which are nondiscrimination laws, IDEA is a grant program that provides federal funding for the education of children with disabilities. As a condition for receiving such funds, states agree to provide a free appropriate public education (FAPE) to every eligible child.

Although IDEA operates differently from the ADA and Section 504, these laws all serve fairly similar purposes. IDEA fulfills the right to FAPE by providing special education services, including accommodations and modifications, to every eligible child, at no cost to the parents. Services are made available to all children with disabilities, generally from age three through 21.

Unlike Section 504, which has a broad and inclusive definition of disability, IDEA's definition is narrow and limited. To be eligible for services under IDEA, a student must have disabilities that fall under one of 13 categories.¹⁴ Your child with a bleeding disorder may qualify under the category "Other Health Impairment." But having one of the 13 disabilities doesn't automatically qualify a child

under IDEA. To be eligible, a student must also...

- have a disability and, as a result of that disability, must...
- need special education and related services to make progress and benefit from the general education program.

In other words, the disability must "negatively affect"—harm—your child's educational performance. This is not a requirement of Section 504 support.

Students who are eligible under IDEA need more support to succeed in school than just 504 plan accommodations that "level the playing field." Almost all students with bleeding disorders are eligible for 504 plan accommodations, but the restrictive IDEA requirements mean that relatively few will qualify for special education services provided by IDEA. (Remember: Every person eligible for Section 504 will not necessarily be eligible for special education. But every person eligible for special education is also protected under Section 504.) Students who qualify for support under IDEA are offered an Individualized Education Program (IEP). An IEP is a legal document that spells out a child's educational goals and the services and support the school will provide. It's written specifically for your child's unique needs by members of a multidisciplinary team including the parent/guardian; general education teachers; special education teachers; special education coordinator (or someone with the authority to offer resources); school psychologist; and

¹². Another good resource: <https://www.understood.org/en/school-learning/your-childs-rights/dispute-resolution/5-options-for-resolving-a-504-plan-dispute> ¹³. US Department of Health and Human Services, US Department of Education, "Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs, September 14, 2015". Under Part B of IDEA, special education and related services are to be made available to all children with disabilities ages three through 21. Under Parts B and C of IDEA, "all" means all eligible infants, toddlers, and children with disabilities in the state, and includes those who are English learners, immigrants (regardless of their immigration status), homeless, and in foster care as well as those who live on Indian reservations. ¹⁴. The 13 IDEA eligible categories are intellectual disability, emotional disturbance, autism, traumatic brain injury, deafness, specific learning disability, orthopedic impairment, other health impairment, speech or language impairment, blindness, visual impairment, multiple disabilities, and hearing impairment.

people who know your child or the condition, and are invited by you or the school district. (See box, “A Note About Advocates!”)

IDEA recognizes that the parent/guardian is the child’s most important advocate and is a key member of the IEP team; and unlike Section 504, IDEA assigns the parent many rights and responsibilities. Developing an IEP is a lot more involved than developing a 504 plan. You might be overwhelmed by your first IEP meeting: many people are there, education jargon is confusing, and you’re unaware of your rights and what services are available. That’s why it helps to bring a friend or an advocate, so you can discuss things later.

An advocate is someone familiar with your rights under IDEA who can represent your interests. And an advocate is especially useful when developing an IEP, because the law is complex. Parents of other special education students may be able to recommend an advocate. (Keep in mind that unlike attorneys, anyone can call themselves a special education advocate. And while there are training programs for advocates, there’s no formal licensing or certification and no guarantee that an advocate has completed any training.)

Your HTC may be able to send a social worker to the IEP meeting, or prep you on services that may be available from the school. Ask for help from HFSC. And in many cities, you can find special education advocates and lawyers who will assist you for free.

If you plan to invite an advocate or friend to your IEP meeting, it’s polite to let the school know as soon as possible, and at least two days—preferably longer—before the IEP meeting. But it’s not a requirement. Usually, this is most easily done when you receive the IEP form or notice from the school district:

IDEA: IEP Team

The IEP team makes eligibility, placement, and service determinations, and unlike a 504 plan meeting, there are certain requirements for the composition of an IEP team. Required members:

- Parents
- General education teacher(s)
- Special education teacher
- Administrator
- People who can interpret assessment results
- Other people with knowledge or special expertise concerning the child (for children with bleeding disorders, this may include the school nurse)
- When appropriate, the student

Scheduling a full IEP team is sometimes difficult. In some cases, you may be asked to waive (excuse) the attendance of a required team member. But do not sign a form waiving the presence of a required team member!

there is usually a section on the form where you can write in anyone else you plan to invite. You can simply write down the name and function of the person you are going to invite, and return the IEP form on time.

The same is true if you plan to invite an attorney to your IEP meeting. As a courtesy, you should notify the school as soon as possible and give them at least a week’s notice, which also gives the school time to provide your attorney with documentation and reports. If you show up with an attorney unannounced, the school district can ask that the meeting be postponed so they can also have an attorney present, as long as the parent agrees and the student’s right to free, appropriate public education is not delayed or denied. But if a parent insists on the IEP meeting taking place

as scheduled, the school district will have to proceed and can't prevent the parent's attorney from participating.¹⁵

You should know that having attorneys present at an IEP meeting often completely changes the tone of the meeting from relaxed, collaborative, and conversational to guarded, adversarial, and sometimes confrontational.

Requesting an IDEA Evaluation: Timelines

IDEA requires local public school districts to "identify, locate, and evaluate every child who may have a disability requiring special education services" within the boundaries of their district. This is called "Child Find." When there is suspicion that a child has a disability, parents and educators have a responsibility and a right to request a full, individualized, comprehensive, multidisciplinary evaluation.

If you think your child needs special education or related services to succeed in school, then you should request an evaluation for special education eligibility. To request an evaluation to determine if your child is eligible for special education, you should submit a dated, signed written request (mailed or faxed, not emailed) to your child's school principal and the district's special education director, as well as the 504 coordinator (if your district has one—sometimes the special education director also serves as the 504 coordinator). Make sure to keep a copy of the request along with proof of when you turned it in. If your child is preschool age and not enrolled in school yet, send the letter to the school district's special education director. (Follow up to make sure that your request was received.) An example of a Section 504 and IDEA evaluation request is included in Appendix Y of this Guide.

¹⁵. Office of Special Education Programs (OSEP), "Letter to Andel," 116 LRP 8548 (February 17, 2016): <https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/15-017791-il-andel-iepteam-acc.pdf>

A Note About Advocates!

Warning: If you plan to invite a friend or advocate to attend the IEP meeting with you, choose carefully and set ground rules ahead of time!

The people you bring should be friendly, collaborative, and professional—you and the rest of the IEP team are all on the same side with the same goals: to help your child succeed in school. Some advocates approach IEP meetings with an "us versus them" attitude and may be confrontational, combative, or threatening—definitely not the way you want to start your first IEP meeting!

Do some research on the person you are choosing to be an advocate. It's important that this person has a good working relationship with key people in your school district, including your school principal, teachers, and the special education coordinator.

On the other hand, every school district, and even schools within a district, have different viewpoints and cultures. If your child's school refuses to provide the services your child needs (and which are prescribed by law), then begin a grievance process to get help.

Your written request will trigger specific timelines that the school must follow. (Note: The following timelines are specific to California and only to initial evaluations.)

- The school has 15 calendar days to provide parents with an assessment plan detailing what assessments are proposed and the qualifications of the person who will be conducting the assessment(s); or to provide a "Prior Written Notice" denying the assessment and the specific reasons for that denial. After receiving the written request, or if the school

refuses to conduct the evaluation, the school must give parents a notice of their “procedural safeguards,” or rights, that explains their rights under the law.

- Parents are then given the chance to accept the assessment plan. If, at this point, you believe there are additional areas where your child should be assessed that are not listed on the assessment plan, you can note that on the assessment plan itself. But this should not prevent you from consenting to the assessment plan. Consenting to the assessment plan proposed by the school doesn’t mean that you can’t request additional assessments in the future.
- Once the school receives your consent to the assessments, the school district has 60 calendar days to hold an IEP meeting. So it’s very important to keep a copy of the signed assessment plan along with proof of when you turned it in.

Experts often recommend that you treat the IEP as if it were a binding contract, and that you not sign the IEP until you’ve had time to carefully review it at home.

If you disagree with the results of your child’s school evaluation, you can ask for an independent educational evaluation (IEE).

An IEE is an assessment conducted by a qualified examiner who is not employed by the public agency responsible for the education of your child. IDEA requires the school to pay for an IEE in certain situations.

A note about RTI: Some school districts may try to delay an IDEA evaluation by enrolling the student in a Response to

Intervention (RTI) program. But you should know that federal law specifically prevents school districts from using RTI to delay an IDEA evaluation – see “504 Plan or RTI?” box on page 10.¹⁶ (This protection is not given to those seeking a 504 plan.)

And regardless of where the child is in an RTI process, the IDEA regulations give parents the right to request an evaluation for special education services at any time.

What If My School Does Not Follow the IEP?

IEPs have “teeth”—they have many more legal protections than do 504 plans. Your rights as a parent are called procedural safeguards and are outlined in IDEA. But IEP law is complex and too detailed to get into in this Guide, which is why it’s important to (1) seek help, if needed, before an IDEA evaluation; and (2) have an advocate with you when you attend an IEP meeting. If your disagreement with the school district about special education services gets to the point where you file a due process complaint (a formal, legal procedure that resolves differences about special education services for your student), then it’s wise to use the services of an attorney who specializes in special education law. Not using an attorney will put you at a strong disadvantage, because school districts will always have an attorney advising them, even if the attorney isn’t seen by parents.

You don’t have to deal with IEP disputes alone; there are many resources for parents. Call HFSC for help. And there are many resources online, several of which are listed in Appendix A of this Guide.

¹⁶ On January 21, 2011, a memorandum from the Office of Special Education Programs, US Department of Education, to State Directors of Special Education stated that a Response to Intervention process can’t be used to delay or deny an evaluation under IDEA. So, a school district can’t require a student to complete RTI before conducting an evaluation for special education eligibility. <https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/osep11-07rtimemo.pdf>

Will My 504 Plan or IEP Follow Me to College?

The short answer is no. IDEA, the law that provides students with IEPs, does not apply to postsecondary schools (universities, colleges, trade and vocational schools) and there are no special education services available in college. Also, postsecondary schools do not have the same legal obligations as K–12 schools (kindergarten through 12th grade) and are not required to provide students with FAPE.

Title II of the ADA (Americans with Disabilities Act of 1990) and Section 504 (for colleges that accept federal funds, which is nearly all) still protect students from discrimination when they get to college, and students can still get some accommodations; but colleges do not offer 504 plans and do not offer modifications like IEPs.

Almost all colleges coordinate disability services through a disability services office (it may go by a different name). Schools with a disability services office normally have a designated disability services coordinator. This person is responsible for coordinating the school's compliance with Section 504 or Title II of the ADA; and this is the person who can help you communicate with school staff, as well as help make sure that you're receiving any reasonable accommodations you need. (If a school does not have a disability services office, then it is required to have either a 504 coordinator or an ADA coordinator.)

Unlike K–12 schools, postsecondary schools are not required to identify you as having a disability, or to assess your needs. They do not have Section 504 teams or case managers, and there are no 504 meetings.

To get accommodations and disability

services, students are required to register at the school's disability services office. (Instructions for how to register for disability services can usually be found on the school's website.)

Most important, children need to provide evidence of a disability to get accommodations, and they must state which accommodations they would like. (This will mean your child must self-advocate, a skill that should be developed during high school.) Students are usually required to submit evidence about their health condition; severity; type of impairment; functional limitations affecting academics; prognosis; and the estimated duration of the disabling condition.

Accommodations offered by colleges are usually fewer, and differ from those offered in high school. According to the US Department of Education, examples of postsecondary accommodations may include...

- arranging for priority registration;
- reducing a course load;
- substituting one course for another;
- providing note takers, recording devices, sign language interpreters;
- extending time for testing;
- equipping school computers with screen-reading, voice recognition, or other adaptive software or hardware.

The Department of Education also states that postsecondary schools “do not have to provide personal attendants, individually prescribed devices, readers for personal use or study, or other devices or services of a personal nature, such as tutoring and typing.”¹⁷

Parents, remember that you are no longer automatically in the loop when it comes to the

17. US Department of Education, Students with Disabilities Preparing for Postsecondary Education: Know Your Rights and Responsibilities: <https://www2.ed.gov/about/offices/list/ocr/transition.html>

accommodations a college offers your child. So if you want to talk to the school’s disability services officer or anyone else involved with your child’s accommodations, you’ll need permission from your child, who must fill out a FERPA release (an example is in Appendix K of this Guide).

Don’t Fear the Word “Disability”—Get Help!

For students who are eligible under IDEA, the extra support can mean the difference between academic failure and success. Yet some parents of children with bleeding disorders refuse to take advantage of Section 504 or IDEA. Why? Sometimes, it’s because of a single word: “disability.” Some parents resent even the suggestion that their child has a disability. Some parents don’t want their child to be stigmatized by the label “special ed.” But the special ed of a few decades ago is not the special ed of today. Negative ideas about special ed are often based on outdated, false information and myths. Don’t let the fear that your child may be labeled “special ed” stop you from getting help. And don’t hide the fact that

“Any child care program or preschool that *accepts federal funds*, whether public or private, including religious schools, is subject to Section 504.”

your child is using these services—let your family and friends know what special ed really is.

So before sending your child off to school, cover all your bases. Safeguard your child’s health care by starting the process of developing an IHP and ECP early—several months before school starts. And to protect your child from falling behind academically, ask for a 504 plan or an evaluation for IDEA eligibility. And don’t worry about labels! Do what’s best to help your child succeed in school.

Child Care, Preschool, and Private Schools: Overlapping Laws?

The laws and plans described in this Guide apply to all K–12 public schools in California.¹⁸ But what about child care centers, family child care (home-based daycare), preschool, and private schools? Can your child be kept out because of a bleeding disorder? Are any services available to children with bleeding disorders before they enter kindergarten?

Section 504

Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) is a federal civil rights law that protects anyone with a disability who attends a federally funded program, activity, or institution.

Section 504 states that “no otherwise qualified individual with a disability in the United States... shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” Section 504 requires that FAPE (free appropriate public education) must be made available to all qualified students with disabilities.

¹⁸. Charter schools are also public schools.

This means that *any* child care program or preschool *that accepts federal funds*, whether public or private, including religious schools, is *subject to Section 504*.

Individuals with Disabilities Education Act (IDEA)

The Individuals with Disabilities Education Act (IDEA; Public Law 101-476) is a federal education law that requires schools to serve the educational needs of eligible students with disabilities. IDEA provides FAPE and special education services, including accommodations and modifications.

IDEA Part C provides early intervention services for infants and toddlers with disabilities, birth through age two, and their families. IDEA Part B provides special education and related services for children and youth ages three through 21.

IDEA applies to all pre-K–12 public and charter schools, including publicly funded preschools. Remember this: Children placed in a private school *by a public school district* have the same rights under IDEA as students enrolled in a public school. But disabled children placed in a private school *by their parents* are unlikely to receive the same selection of services as in a public school. They do not have an individual entitlement to

services they would receive if enrolled in a public school—in other words, they are not guaranteed FAPE. But the school district continues to have some responsibility for these students, including using Child Find.

IDEA does not directly fund special education at private schools. Instead, the funding goes to the local education agency (LEA), such as the local school district, which is then required to spend a *proportionate amount* of IDEA federal funds to provide *equitable services* to disabled children in private schools. In other words, the amount of funds that the LEA spends to provide special education for private school students (based on a per-student amount) must be equal to what the LEA spends in public schools. This is not a guarantee of services: some disabled children in private schools may receive services similar to those offered in a public school; some may receive fewer services than in a public school; and some may receive no services at all. Also, private schools are not required to provide children with disabilities any special education services beyond what is provided by the LEA.

Which laws apply to private schools? And how do those laws apply? That’s a complex subject. For more information, see the US Department of Education’s *The Individuals with*

Disabilities Education Act: Provisions Related to Children with Disabilities Enrolled by Their Parents in Private Schools: <https://www2.ed.gov/admins/lead/speced/privateschools/idea.pdf>

For young children, from birth to age three, Part C of IDEA provides the Early Intervention Program for Infants and Toddlers with Disabilities. Depending on the child’s needs, early intervention services might include family training,



counseling, and home visits; occupational, physical, or speech therapy; hearing loss services; health, nutrition, social work, and assistance with service coordination; assistive technology devices and services; and transportation.

Before services start, an Individualized Family Service Plan (IFSP) is developed by a team that includes the parents/guardians and all providers who work with the child and the family. The IFSP focuses on providing support and services to the family of a young child with special needs, to help that family strengthen the child's growth and development.

In California, IDEA Part C is part of the California Early Intervention Services Act and implemented through a program called Early Start. For more information on California's Early Start program, visit the California Department of Developmental Services Early Start website: <https://www.dds.ca.gov/services/early-start/>

For more information on Part C of IDEA and Early Intervention for Babies and Toddlers, see PACER Center's early childhood family information and resources web page: <https://www.pacer.org/ec/early-intervention/ifsp.asp>

In addition to IDEA and Section 504, there are several other federal and state laws that protect individuals with disabilities, including:

Title II of the Americans with Disabilities Act (ADA) of 1990

Title II is a federal law that *prohibits discrimination based on disability by all public entities at the local and state level*. This includes child care services provided by government agencies: for example, Head Start, summer programs run by a public school district, and extended school day programs.

California Special Ed Stats

- About one in eight, or 12.5 percent, of California public school students received special education services in 2017–18, an increase from 10.8 percent in the early 2000s.
- Compared to other California students, students with disabilities are disproportionately low income. They are also disproportionately African American, with African American students representing 6 percent of the overall student population but 9 percent of students with disabilities.
- Most students with disabilities have relatively mild conditions, including speech impairments and specific learning disorders (for example, dyslexia).
- But the number of students with relatively severe disabilities has been increasing—doubling since 2000–01. The most notable rise is in autism, which affected one in 600 students in 1997–98, compared to one in 50 students in 2017–18. (Source: California Legislative Analyst's Office, <https://lao.ca.gov/Publications/Report/4110>)

Title III of the Americans with Disabilities Act (ADA) of 1990

Title III is another federal law that *prohibits discrimination based on disability in the activities of places of public accommodations*.

This applies to businesses that are usually open to the public, and that fall into one of 12 categories listed in the ADA, including schools and daycare facilities. Title III requires that all new construction and modifications must be accessible to individuals with disabilities. For existing facilities, barriers to services must be removed if it is readily achievable.

Fair Employment and Housing Act of 1959

This California state law protects individuals with disabilities, and prevents employers with five or more employees from discriminating against a person with disabilities.

California Disabled Persons Act (CDPA) and Unruh Civil Rights Act

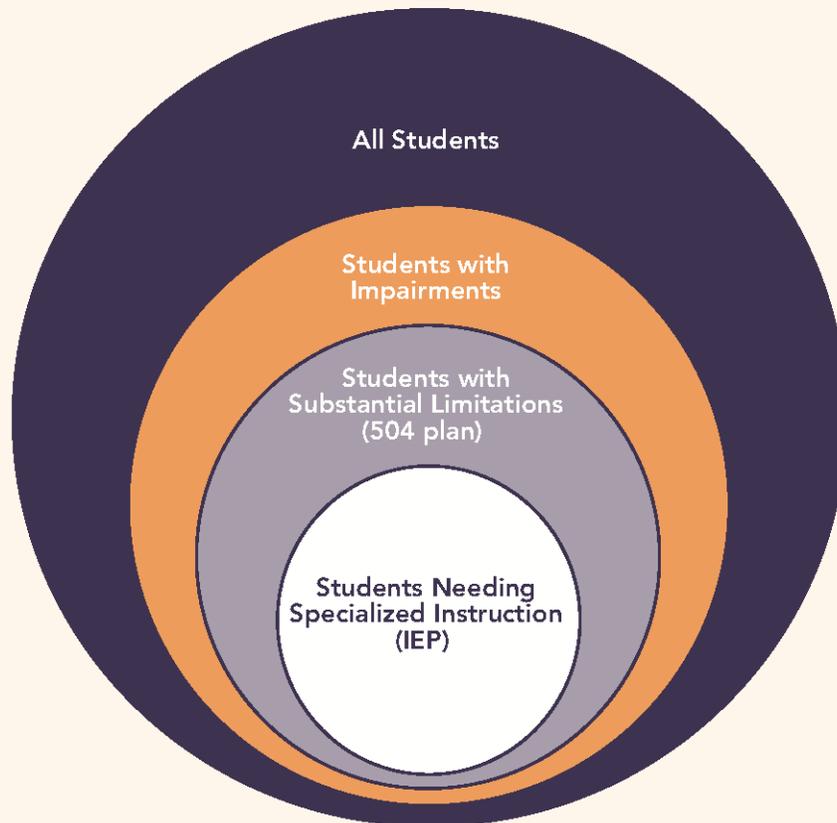
These laws prohibit disability-based discrimination by any business establishment and require compliance with standards for making new construction and existing facilities accessible to persons with disabilities (such as the installation of wheel chair ramps). These laws provide that individuals with disabilities or medical conditions have the same right as the general public to the full and free use of the

streets, highways, sidewalks, walkways, public buildings, medical facilities, including hospitals, clinics, and physicians’ offices, public facilities, and other public places.

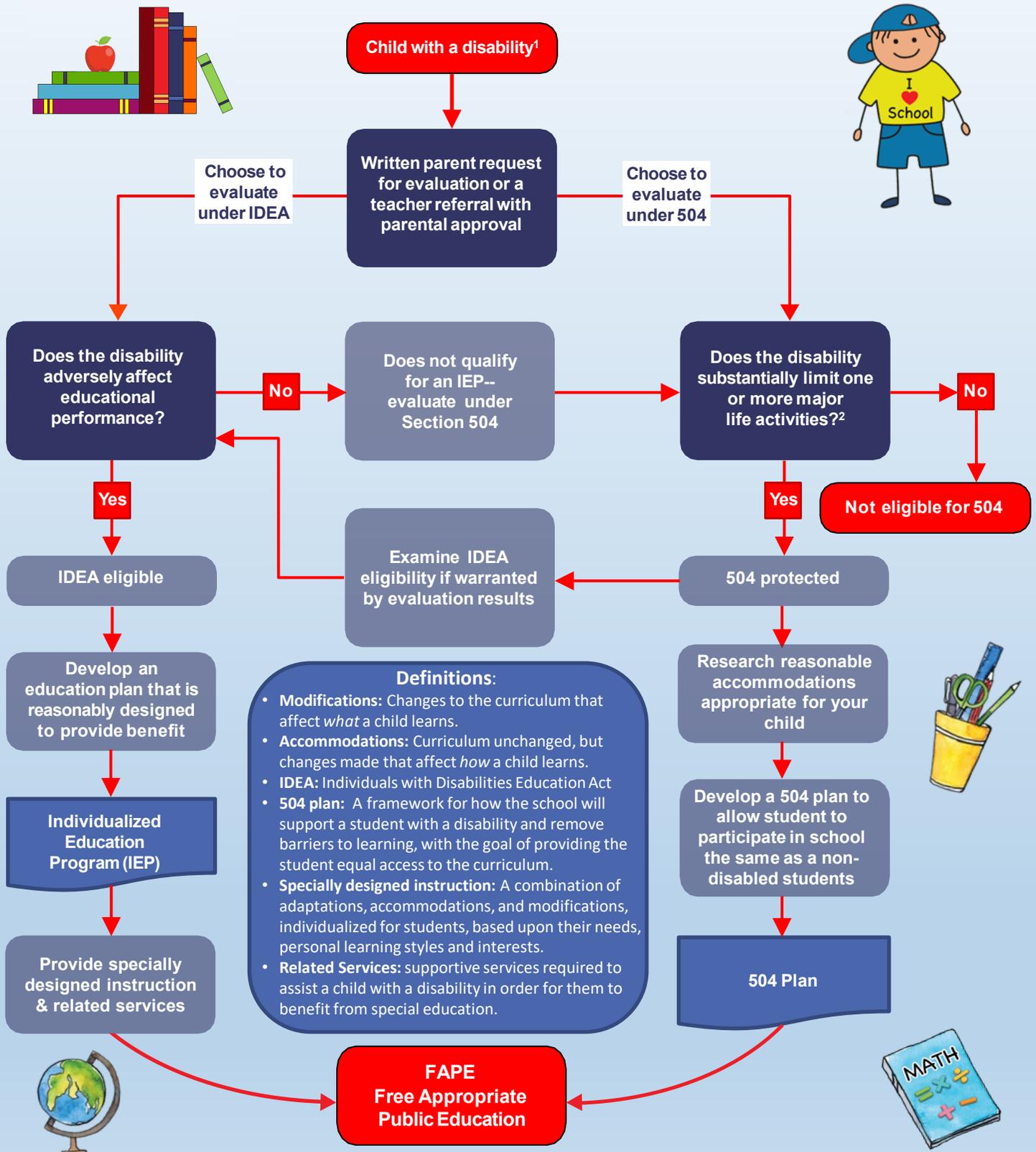
A Note About Religious Entities

It’s important to note that “religious entities,” including places of worship and programs operated or controlled by religious entities (schools and daycare centers, for example) are exempt from Title III of the ADA as well as some other laws protecting people with disabilities. To learn how the ADA applies to religious entities, see the Americans with Disabilities Act National Network website: <https://adata.org/factsheet/religious-entities-under-americans-disabilities-act>

General Relationship between Section 504 and IDEA



Bleeding Disorders and School: Requesting a Section 504 or IEP Evaluation



1. A bleeding disorder is a disability that could potentially affect a child’s educational performance.

2. “Major life activities” include, but are not limited to, caring for one’s self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, and communicating. “Substantially limits” means the disability, such as a joint bleed or heavy menstrual bleeding, *when active*, could negatively affect learning.

SCHOOL BULLYING

Bullying is a common and serious problem in our nation's schools. And children with chronic health conditions—including bleeding disorders—are at higher risk of being targeted by bullies.

As many as half of tweens (age 9–12) report being bullied at school. And more than 70 percent of LGBTQ students report being bullied. Bullying is not “simply teasing” or a “rite of passage,” but can have serious negative short-term as well as long-term effects. There is much that adults, as well as students, can do to prevent bullying and the bad results of bullying.

What is bullying? According to the US Department of Health and Human Services, to be considered bullying, the behavior must be unwanted and aggressive, and include...

- Real or perceived imbalance of power: Kids who bully use their power—including physical strength, knowledge of embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- Repetition: Bullying behaviors happen more than once or can potentially happen more than once.

Kids who are bullied, as well as those who bully others, may have serious, lasting problems.

Bullying Statistics

(from PACER Center)

- Rates of bullying vary, depending on the study (from 9 percent to 98 percent). An analysis of 80 studies examining bullying involvement rates (for both bullying others and being bullied) for 12- to 18-year-old students reported an average rate of 35 percent for traditional bullying involvement and 15 percent for cyberbullying involvement.¹⁹
- 49.8 percent of tweens (age 9–12) said they experienced bullying at school, and 14.5 percent of tweens said they experienced bullying online.²⁰



- 13 percent of tweens reported being bullied at school and online, while just 1 percent reported being bullied only online.²¹

¹⁹. Kathryn Modecki, Jeannie Minchin, Allen Harbaugh, Nancy Guerra, and Kevin Runions, “Bullying Prevalence Across Contexts: A Meta-analysis Measuring Cyber and Traditional Bullying,” *Journal of Adolescent Health* 55 (2014): 602–11. ²⁰. Sameer Hinduja and Justin Patchin, “Cyberbullying Identification, Prevention, and Response,” Cyberbullying Research Center (2020). <http://cyberbullying.org/> ²¹. Hinduja and Patchin, “Cyberbullying Identification, Prevention, and Response.”

The reasons for being bullied reported most often by students include physical appearance, race/ethnicity, gender, disability, religion, and sexual orientation.²²

- Of those students who reported being bullied, 13 percent were made fun of, called names, or insulted; 13 percent were the subject of rumors; 5 percent were pushed, shoved, tripped, or spit on; and 5 percent were excluded from activities on purpose.²³
- 70.1 percent of LGBTQ students were verbally bullied (called names or threatened) in 2017 because of their sexual orientation; 59.1 percent because of their gender expression; and 53.2 percent based on gender.²⁴
- 46 percent of bullied students report telling an adult at school about the bullying incident.²⁵
- School-based bullying prevention programs decrease bullying by up to 25 percent.²⁶

Types of Bullying

Bullying includes these actions: intimidation, making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose. There are different types of bullying, based on how a person intimidates someone—the target. Here are the most common types of bullying (see “Types of Bullying” infographic for examples):

1. Social Bullying: Using social manipulation, including spreading rumors, backstabbing, or forming cliques, to hurt the target or

harm their social standing. This is also called “relational aggression,” a subtle type of bullying that often goes unnoticed by adults.

2. Physical Bullying: Using physical actions like hitting, pushing, or shoving to gain power and control over the target.
3. Verbal Bullying: Using words or statements to gain power and control over the target.
4. Cyberbullying: Using the internet or social media to hurt the target or harm their social standing.
5. Sexual Bullying: Using unwanted words, actions, or images about sex to target a person.
6. Racist Bullying: Focusing on race, ethnicity, religion or culture.
7. Disability Bullying: Targeting people with physical, developmental, intellectual, emotional, or sensory disabilities; or people with special health needs, such as diabetes requiring insulin regulation, food allergies, or epilepsy.

“There are
different types of
bullying, based on
how a person
intimidates someone
—the target.”

²². Ke Wang, Yongqiu Chen, Jizhi Zhang, and Barbara Oudekerk, “Indicators of School Crime and Safety: 2019,” National Center for Education Statistics, US Department of Education, and Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice (Washington, DC: 2020). ²³. Ke Wang, et al., “Indicators of School Crime and Safety: 2019.” ²⁴. Joseph Kosciw, Emily Greytak, Adrian Zongrone, Caitlin Clark, and Nhan Truong, “The 2017 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation’s Schools” (New York: GLSEN, 2018). ²⁵. Ke Wang, et al., “Indicators of School Crime and Safety: 2019.” ²⁶. Gail McCallion and Jody Feder, “Student Bullying: Overview of Research, Federal Initiatives, and Legal Issues,” Congressional Research Service (2013).

Effects of Bullying

Bullying has multiple short-term and long-term effects, not only on bullied children, but also on those who bully—and even on bystanders, families, and schools. Children who are bullied are more likely to...²⁷

- have low self-esteem;
- develop depression or anxiety;
- have sleep difficulties;
- develop mental health issues;
- experience headaches, stomachaches, tiredness, and poor eating;
- become socially withdrawn, isolated, and lonely;
- have lower academic achievement because of avoiding school or becoming uninvolved;
- be unable to form trusting, healthy relationships with friends or partners in the future;
- think about or plan for suicide.

In general, children and adolescents with chronic health conditions have a higher risk of being bullied. This may be due to many things, including children with chronic illnesses being considered physically weaker; or perhaps having lower social and communication skills or academic performance; or having reduced self-image or a negative body image—which could provoke bullying from peers, because psychological vulnerabilities increase the risk of being bullied.

Children and adolescents with chronic health conditions are also at greater risk of suffering from more severe effects of bullying, especially involving depression and anxiety. Children and adolescents with hemophilia are

already likely to suffer from depression and anxiety (often undiagnosed) as a result of their bleeding disorder.

In a survey of 200 people with hemophilia (68 percent severe), 93 percent of participants experienced symptoms of depression; 92 percent had anxiety; 28 percent reported moderate-to-severe depression; and 13 percent had moderate to-severe anxiety.²⁸

Depression affects every aspect of a person's life, and for people with hemophilia, it's also associated with higher levels of anxiety, pain, and lower treatment adherence ("adherence" means taking medications correctly; for example, not missing prophylactic factor infusions).

Ways to Prevent Bullying

Parents, school staff, and other caring adults can help prevent bullying. See these recommendations from the Centers for Disease Control and Prevention (CDC) for preventing bullying: <https://www.cdc.gov/ncbddd/disabilityandsafety/bullying.html>

Bullying and Suicide

- Bullying is a risk factor for depression and thoughts about suicide. Compared to children who are not involved in bullying at all, children who bully others, are bullied, or both bully and are bullied are more likely to think about or attempt suicide. <https://www.stopbullying.gov/sites/default/files/2017-10/consequences-of-bullying-fact-sheet.pdf>
- In one study of 83 children and adolescents with hemophilia, about 36 percent wished to die at least once during the last six months. Also, 6 percent of them had thought about a suicide attempt. <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2516.2008.01971.x>

27. Source: <https://www.kidscape.org.uk/advice/facts-about-bullying/the-effects-of-bullying/> 28. Michelle Witkop, Angela Lambing, et al., "Interrelationship Between Depression, Anxiety, Pain, and Treatment Adherence in Hemophilia: Results from a US Cross-sectional Survey," *Patient Preference and Adherence* 13 (2019): 1577–87. <https://doi.org/10.2147/PPA.S212723>

Explain Bullying

Children don't always know when they are being bullied. They might feel bad, but they don't know how to talk about it. Children with disabilities that affect how they think, learn, or interact with others might need a very clear explanation of how to recognize when bullying happens to themselves or others. Get more tips on how to talk about bullying at the US Department of Health and Human Services anti-bullying website: <http://www.stopbullying.gov/kids/what-you-can-do/index.html>

Teach Children What to Do

Children need help when learning what to do to protect themselves (and others) from bullying. They might need...

- very clear instructions tailored to them, especially if they have disabilities that affect how they think, learn, or interact with others;
- encouragement to always reach out to a trusted adult;
- advice on recognizing and avoiding situations where bullying happens.

Here are ways to teach children how to respond to bullying:

- Talk with them often about what they have experienced, and think about different ways they could respond.
- Practice with them how to act and respond to bullying, including by using role-plays.
- Suggest ways to respond to children who bully others, including telling them to stop, using humor, walking away, and getting help.

Children might not always know when they are bullying another child. Children whose disabilities affect their thinking, learning, or

social skills might need extra help learning how to express themselves to others.

Protect Your Child's Legal Rights

Your child has the right to not be harassed by peers, or by school staff or other adults. Disability harassment is discrimination that violates Section 504 of the Individuals with Disabilities Education Act (IDEA) as well as sections of Titles II and III of the Americans with Disabilities Act (ADA).

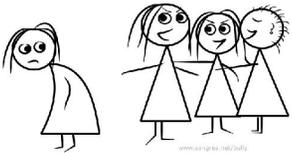
In California, a parent of a child being bullied can file a complaint under the state's Uniform Complaint Procedures (UCP). A UCP complaint is a written and signed statement alleging a violation of federal or state laws or regulations. It may include an allegation of unlawful discrimination, harassment, intimidation, or bullying. A signature may be handwritten, typed (including in an email), or electronically generated. Complaints may be filed anonymously. A complaint filed on behalf of a student may be filed only by that student or by the student's duly authorized representative: <https://www.cde.ca.gov/re/cp/uc/> (See Appendix BB for a copy of the California Department of Education Uniform Complaint Procedures.)

For more information on federal laws about bullying, visit the US Department of Health and Human Services anti-bullying website: <https://www.stopbullying.gov>

For more information on disability harassment, visit the US Department of Education website: <http://www2.ed.gov/about/offices/list/ocr/docs/disabharassltr.html>

For a listing of California anti-bullying laws and policies: <https://www.stopbullying.gov/resources/laws/california>

TYPES* OF BULLYING



SOCIAL BULLYING

Using social manipulation to hurt peers or sabotage their social standing.

- Spreading rumors
- Manipulating situations
- Breaking someone's confidence
- Lying
- Playing nasty jokes/pranks to embarrass someone
- Encouraging others to exclude someone
- Damaging someone's social reputation



PHYSICAL BULLYING

Using physical actions to gain power and control over the target.

- Hitting
- Kicking
- Pinching
- Pushing
- Shoving
- Spitting
- Slapping
- Tripping
- Stealing or destroying possessions, including books, clothing, or lunch money



VERBAL BULLYING

Using words or statements to gain power and control over the target.

- Name calling
- Persistent teasing
- Intimidation
- Putdowns
- Hurtful statements
- Cruel criticism
- Ongoing insults
- Insulting someone with the intention to emotionally harm



CYBER BULLYING

Using the internet or social media to hurt peers or sabotage their social standing.

- Posting hurtful images
- Online threats
- Using text messaging, instant messaging, and email to harass, threaten, or embarrass the target.
- Playing nasty jokes/pranks to embarrass someone
- Spreading secrets or rumors about people online
- Posting rude, mean, or insulting comments about the victim via the chat option of online gaming sites.



SEXUAL BULLYING

Using unwanted words, actions or images about sex to target a person.

- Sexual name calling
- Crude comments
- Vulgar gestures
- Uninvited touching
- Pornographic material
- Slut shaming
- Sexting
- Participating in catcalling or harassment of someone
- Spreading sexual rumors or gossip in person, by text, or online



RACIST BULLYING

Bullying that focuses on race, ethnicity, religion or culture.

- Racist remarks
- Mocking someone's clothes, food, accent
- Calling someone names, teasing or humiliating them using racially offensive language
- Mocking someone's religious customs or traditions
- Refusing to work or cooperate with someone because of their ethnicity
- Offensive graffiti or displaying racist symbols

*Bullying may involve one or more of these types: for example homophobic/LGBTQ+ bullying may involve all of these types of bullying.

Students with Disabilities and Bullying: Top five things for parents , educators and students to know

1. The Impact: Bullying Affects a Student's Ability to Learn

Many students with disabilities are already addressing unique challenges in school. When they are bullied, it can directly impact their ability to learn and grow. Bullying is not a harmless rite of childhood that everyone experiences. Research shows that bullying can negatively impact a child's access to education and lead to:

- School avoidance and higher rates of absenteeism.
- Lower grades.
- Inability to concentrate.
- Loss of interest in academic achievement.
- Increase in dropout rates. For more information, read [Common Views About Bullying](#).

2. The Definition: Bullying Based on a Student's Disability May Be Considered Harassment

The Office for Civil Rights (OCR) and the Department of Justice (DOJ) have stated that bullying may also be considered harassment when it is based on a student's race, color, national origin, sex, disability, or religion.

Harassing behaviors may include:

- Unwelcome conduct such as verbal abuse, name calling, epithets, or slurs;
- Graphic or written statements;
- Threats;
- Physical assault;
- Other conduct that may be physically threatening, harmful, or humiliating. Read the online blog article from the US Department of Education titled "Keeping Students with Disabilities Safe from Bullying."

3. Advocating for Yourself and Others Has a Significant Impact

Parents, educators, community members, and students all have an important advocacy role to play in preventing and addressing bullying.

Advocacy: Providing support for students who are being bullied, are vulnerable to being hurt or harmed, or are isolated from other students.

Self-Advocacy: Speaking up for yourself, communicating what you need, and taking action.

Bullying and Disabilities

Although only 10 US studies have been conducted on the connection between bullying and developmental disabilities, all of these studies found that children with disabilities were *two to three times more likely to be bullied* than their nondisabled peers.

Martha Banks, Mariah Gover, Elizabeth Kendall, and Catherine Marshall (Eds.), *Disabilities: Insights from Across Fields and Around the World*, Vol. 1, *The Experience: Definitions, Causes, and Consequences* (Praeger/ABC-CLIO, 2009).

Talk With Youth About Bullying

It is important that adults understand how to communicate with youth about a bullying situation. Some children have an easier time talking to adults about personal matters and may be willing to discuss bullying. Others may be reluctant to share information about the situation. There could be a number of reasons for this: the student bullying them may have told them not to tell or they might fear that telling someone will make matters worse.

When preparing to talk to children about bullying, adults should consider how they will handle the child's questions and emotions and what their own responses will be. Adults should be prepared to listen without judgment, providing the child with a safe place to work out their feelings and determine next steps.

For more information read, *Help Your Child Recognize the Signs of Bullying*.

Adult Intervention is Important

It is never the responsibility of the child to fix a bullying situation. If children could do that, they wouldn't be seeking the help of an adult in the first place.

Peer to Peer Advocacy— Supporting and Educating Youth as Advocates

Most students don't like to see bullying, but they may not know what to do when it happens. Peer advocacy—students speaking out on behalf of each other—is a unique approach that empowers students to protect those targeted by bullying.

Peer advocacy works for two reasons. First, students are more likely than adults to see what is happening with their peers and this influence is powerful. Second, a student telling someone to stop bullying has much more impact than an adult giving the same advice.

For more information, visit *Peer Advocacy*.



**NOT ALL SCARS
ARE PHYSICAL**

STOP BULLYING. TALK ABOUT IT.

Self-Advocacy—The Importance of Involving Youth in Decision Making and Planning

Self-advocacy means that the youth experiencing bullying is able to communicate what they want and need in a straightforward way. Self-advocacy is knowing how to:

- Speak up for yourself
- Describe your strengths, challenges, needs, and wishes
- Take responsibility for yourself
- Learn about your rights
- Obtain help or know who to ask if you have a question

The person who has been bullied should be involved in deciding how to respond to the bullying. This participation can provide students with a sense of control over their situation, and help them identify someone who is willing to listen, take action on their behalf, and reassure them that their opinions and ideas are important.

Teens, learn more about what you can do by reading, *“Drama: Is it Happening to You?”*

For more information, visit *Self-advocacy*.

4. Law And Policy—There Are Legal Protections and Provision For Students With Disabilities Who Are Being Harassed

Federal

As a parent of a student with disabilities, it’s important to know the federal laws and resources specifically designed for your child’s situation. Parents have legal rights when their child with a disability is the target of bullying or harassment related to their disability.

According to a 2000 “Dear Colleague Letter” from the Office of Civil Rights (OCR), “States and school districts also have a responsibility [...] to ensure that a free appropriate public education (FAPE) is made available to eligible students with disabilities. Disability harassment may result in a denial of FAPE under these statutes.” Under these federal laws, schools are required to respond to harassment or bullying of a student with a disability. The school must provide immediate and appropriate action to investigate, communicate with targeted students regarding steps to end harassment, eliminate any hostile environment, and prevent harassment from recurring. If the school is not taking necessary action, parents may consider filing a formal grievance with the Office of Civil Rights.

For more information, visit *Rights and Policies*.

State

In addition to the federal laws, all states have laws that address bullying. Some have information specific to students with disabilities. Many school districts also have individual policies that address how to respond to bullying situations. Contact your local district to request a written copy of the district policy on bullying. For a complete overview of state laws, visit StopBullying.gov.

The **Student Action Plan Against Bullying** is a self-advocacy resource. It includes three simple steps to explore specific, tangible actions to address bullying:

- ◇ Define your experience
- ◇ Reflect on your ideas
- ◇ Develop potential solutions

Download the *Parent and Educator Guide to Using the Student Action Plan Against Bullying*.

5. The Resources—Students with Disabilities Have Resources That Are Specifically Designed for Their Situation

Individualized Education Program (IEP)

Students with disabilities who are eligible for special education under the Individuals with Disabilities Education Act (IDEA) will have an Individualized Education Program (IEP).

The IEP can be a helpful tool as part of a bullying prevention plan. Remember, every child receiving special education is entitled to a free appropriate public education (FAPE) and bullying can become an obstacle to that education.

For more information, read *PACER’s Individualized Education Program (IEP) and Bullying*.

©2020, 2016, 2015, 2012, PACER Center, Inc., | ACTion Sheet: BP-18 | PACER.org



Dear Colleague Letters

A 2014 Dear Colleague Letter from the Office for Civil Rights (OCR) states that bullying of any kind, not just on the basis of a student’s disability, may result in a violation of FAPE, and reiterates schools’ responsibility to address behavior that may result in disability-based harassment or violations of FAPE.

For more information, visit *Rights and Policies*.

Template Letters

Parents may use one of PACER’S template letters as a guide for writing a letter to their child’s school. These letters contain standard language and “fill-in-the-blank” spaces so that the letter can be customized for a child’s specific situation.

PACER has three versions of template letters available for download in both English and Spanish: *Notifying the School About a Bullying Incident; Student with an IEP, Notifying School About Bullying* and *Student with a 504, Notifying School About Bullying*. The letters can be downloaded at: <https://www.pacer.org/bullying/info/publications/notifying-the-school.asp>

A letter notifying the school of bullying can serve two purposes:

- It will alert school administration of the bullying and your desire for interventions
- It can serve as your written record when referring to events. The record (letter) should be factual and absent of opinions or emotional statements.

The bullying laws of the individual state applies to all students as noted in the law. However, when bullying is based on the child’s disability, federal law can also apply under Section 504, the Individuals with Disabilities Education Act (IDEA), and Title II of the of the Americans with Disabilities Act.

The Individualized Education Program (IEP) and Bullying

Will, a 12-year-old boy with autism, is in middle school. During his IEP meeting it was decided that Will would have a paraprofessional aid him in the classroom, but Will would be responsible for moving between classes. During the first week, Will handled the transition well. Early in the second week, a group of students in the hallway walked by Will, whose mannerisms often drew attention. A student jumped in front of him and screamed as if to startle him. Will's eyes welled up with tears, he plugged his ears with his fingers, and sat down in the hallway. Will was frozen, fearful, and unable to recognize what he should do next. Will remained seated in the middle of the hall until the class period began and his paraprofessional came to look for him. Will's IEP team met again to consider strategies to address Will's sensitivity to loud noises and crowded, socially confusing situations, such as the school hallway.

Students with disabilities who are eligible for special education under the Individuals with Disabilities Education Act (IDEA) will have an Individualized Education Program (IEP).

The IEP can be a helpful tool in a bullying prevention plan. Remember, every child receiving special education is entitled to a free, appropriate public education (FAPE), and bullying can sometimes become an obstacle to receiving that education.

The IEP team, which includes the parent, can identify strategies that can be written into the IEP to help stop the bullying. It may be helpful to involve the child, when appropriate, in the decision-making process. Such strategies include:

- Identifying an adult in the school who the child can report to or go to for assistance
- Determining how school staff will document and report incidents
- Allowing the child to leave class early to avoid hallway incidents
- Holding separate in-services for school staff and classroom peers to help them understand a child's disability
- Educating peers about school district policies on bullying behavior
- Ensuring regular reassurance from the school staff to the student that he or she has a "right to be safe" and that the bullying is not his or her fault
- Shadowing by school staff of the student who has been bullied. Shadowing could be done in hallways, classrooms, and playgrounds

When talking with your child's IEP team, consider what strategies, with those listed above as a guideline for ideas, that might be effective for them to address bullying.

Telling Classmates about your Child's Disability May Foster Acceptance

Parents often become experts on their child's disability. Through their own learning process, many see the value of teaching their child's classmates about the effect of the disability at school. Parents and professionals find that if classmates understand a child's disability, they may become allies in helping the child. The children may also be less likely to view accommodations or individual support as unfair advantages.

One of the best ways to teach children about a disability is to talk to them at school. For many families, presenting at school is an annual event. Sometimes, an IEP team writes it into a child's Individualized Education Program (IEP) document. The event is an opportunity to:

- Discuss why a child may look or behave differently from other children in the class
- Point out the many ways in which the child is like classmates
- Offer classmates tips for interacting with the child

"I found that children rose to the occasion when they understood the reasons for my son's challenges," said one mother. "When there's an obvious difference and no one is talking about it, children become confused and think there must be something 'bad' about it. When the children understood that the disability was not bad, but just different, many were eager to help him."



Several PACER advocates suggest how to talk to students about a child's disability or health needs.

The Parent Will Probably Need to Begin the Project

Because parents know their child better than anyone else, they are the ones to broach the subject. Schools and teachers are very concerned about sharing private information about students. They know that parents have varying attitudes about publicly discussing a child's disability. For example, the family of a child with an obvious physical disability may feel comfortable talking about the disability because curious people have probably asked about it before. The family of a child with a less apparent disability, however, may not wish to draw attention to it. If a family wishes to explain the disability to their child's classmates,

“Parents and professionals find that if classmates understand a child’s disability, they may become allies in helping the child.”

a telephone call to the school or teacher can begin the process. Parents find most teachers and schools open to the idea. Some parents may not feel comfortable speaking in the classroom. In that case, someone else from the IEP team, such as the special education teacher, school nurse, or a therapist, may be able to speak to the children. In addition, the classroom teacher may wish to lead the discussion. If the students are in middle school or older, bringing in a disability expert or other professional may be the way to go. An older student with disabilities may do the

presentation him or herself after practicing with parents or staff.

Work with the Teacher or School

Involving the teacher early is important. It is the courteous thing to do, and the teacher may need to change lesson plans to provide for the session. Some teachers use the session as a springboard for other classroom discussions and may already have planned similar sessions with other families. Helping to plan the presentation may also encourage a teacher to learn more about the child’s challenges.

Most parents (or others) talk to their child’s classmates early in the school year. A parent whose child is physically vulnerable may need to confirm that an IEP or Section 504 (of the Rehabilitation Act) supports are in place, and then address students the first week of school about the child’s safety issues.

Another parent may prefer to wait a couple weeks into the school year so that others are more familiar with the child.

If someone other than the parent talks to the class, the speaker and family should confer ahead of time to convey what the family intends.



“Most families who talk to children at school about their child’s disability find improvement in the way their child is perceived and treated.”

Ways to Present

The age of the class determines the content, amount of presentation time, and who should give the information. If presenting to young children, parents can keep the session short and simple. Sometimes discussions occur during “circle time.” Most parents advise, “Leave time for questions.” One mother said the session was more about the children’s need to have their questions answered than it was for her to inform them about the specifics of her son’s disability.

Including a child in the presentation and class discussion is an individual choice. Participating may become more awkward as a student grows older. Many parents who spoke at their child’s preschool or elementary school ask someone else to present in middle school and high school. As youngsters grow up, they may be less comfortable having Mom or Dad at school.

Props may be used, particularly with young children. One mother found a picture book about disabilities to launch discussion. She then donated the book to the school. Another parent illustrated “brittle bone disease” by using a piece of uncooked spaghetti and a

licorice stick to compare the child’s bones with those of classmates. Someone else brought along their younger child because she wanted the class to see that “I was just a mom and that my son had a little sister, just like another family might have.”

Children are usually fascinated by technology. If the child with a disability uses assistive technology, showing how it works will often hold the class’s attention. Speakers can also explain that such an item is not a toy and must be handled with care.

Written pieces can augment class discussions. One parent wrote a brief article about her child’s disability for the school newspaper after speaking to the class. Another made a small card with the child’s photo and a brief “All About Me” description to hand out at the session (and in other situations where people were meeting her child for the first time). While a “live” presentation offers an immediate opportunity for students to ask questions, other methods can deliver information. As students enter middle school and high school with multiple classrooms and teachers, parents may find it more practical to use written materials to inform staff and classmates about a student’s disability. Others may wish to do a short video or overhead presentation, if they have the resources.

Results

Most families who talk to children at school about their child’s disability find improvement in the way their child is perceived and treated. In addition to informing current classmates, doing such presentations helps prepare for the future.

As one mother put it, “It was a wonderful way to show my child self-advocacy—to give him the words and ways to speak for himself.”

©2020, 2004, PACER Center, Inc. | ACTion Sheet: PHP-c101 | PACER.org

Using Positive Strategies to Protect Your Child with Disabilities from Bullying

Jane has a severe learning disability and delayed social skills. Taking advantage of this, a group of popular girls invited her to join them on “clash day,” when they said they would all wear outlandish clothes. On “clash day,” Jane was the only one to dress in this manner. The stares, laughter, and name calling from classmates humiliated her.

School staff thought Jane was deliberately disrupting classes and suspended her for the day. She was too embarrassed and hurt to explain. After this experience, Jane never raised her hand in class, did not attend extracurricular activities, and her grades plummeted.

While any child can be a target of bullying, children with disabilities like Jane can be especially vulnerable. Although few studies exist concerning children with disabilities and bullying in the United States, the studies available indicate an increased risk for children with special needs.

Like other children, a child with disabilities who is bullied may grow angry, resentful, frightened, or apathetic at school, and is at risk for low self-esteem, school avoidance, depression, lower grades, and increased violence.

Parents can help protect their children with disabilities from bullying and its devastating effects if they promote effective strategies such as PACER's Peer Advocacy Program, use the

Individualized Education Program (IEP) as a tool, work with the school, and know their child's rights under the law.

Promote Peer Advocacy

Before Julie Hertzog became the director of PACER's National Bullying Prevention Center, she was a concerned parent. Because her son David was born with Down syndrome, was nonverbal, and had a Pacemaker and a feeding tube, she was worried that he would be vulnerable to bullying.

As she advocated for her son with school staff, she realized how much student interaction happens outside the view of adults. Recognizing that David's classmates could be powerful allies for her son in bullying situations, Hertzog worked with the school to create a unique support for him while he was in sixth grade.

A group of his classmates received training on how to prevent bullying and speak out on David's behalf. They called these students peer advocates. If they see bullying, they intervene, ask the bully to stop, or report the situation to an adult.

The idea worked for David. Now what started with four children in sixth grade has evolved to a schoolwide project. More than 40 students volunteer to become peer advocates so they can help. David and other students who are different. It's a strategy that any parent can explore and discuss with school staff. For more

information about the peer advocacy program or how to start one, visit PACER.org/bullying/resources/peer-advocacy.asp.

Use the IEP

Students with disabilities who are eligible for special education under the Individuals with Disabilities Education Act (IDEA) will have an IEP. The IEP can be a helpful tool in a bullying prevention plan. Every child receiving special education is entitled to a free appropriate public education (FAPE), and bullying can sometimes become an obstacle to receiving that education.

The IEP team, which includes the parent, can identify strategies that can be written into the IEP to help stop the bullying. It may be helpful to involve the child, when appropriated, in the decision-making process. Such strategies include:

- Identifying an adult in the school whom the child can report to or go to for assistance
- Determining how school staff will document and report incidents

- Allowing the child to leave class early to avoid hallway incidents
- Holding separate in-services for school staff and classroom peers to help them understand a child's disability
- Educating peers about school district policies on bullying behavior
- Reassurance from the school staff to the student that he or she has a right to be safe and that the bullying is not his or her fault
- Shadowing by school staff of the student who has been bullied; shadowing can be done in hallways, classrooms, and playgrounds.

Work with the School

It's important for parents to believe their child if he or she tells them about a bullying situation. Parents should communicate support to their child, explain that being bullied is not his or her fault, and that no one deserves to be treated this way.



**“It’s important
for parents to believe
their child if he or she
tells them about a
bullying situation.”**

Once parents have reassured their child in this way, they can meet with the principal and share what they know, explain how the situation is affecting their child, and ask the principal what the school can do to keep their child safe at school and on the bus. It’s also a good idea to ask if the school has a written policy on bullying and harassment. If it does, request a written copy. Keep a written record of what happened at this meeting, including names and dates.

If a bullying situation is not resolved after meeting with the principal, parents should send a brief, factual letter or e-mail to the district superintendent requesting a meeting to discuss the situation. Copies of this letter can also be sent to the principal, special education director, and chair of the school board. Parents should make sure to keep a copy. A sample letter pertaining to children with disabilities is available at <https://www.pacer.org/publications/bullypdf/BP-19.pdf>

Families may also wish to contact a parent center or advocacy organization for assistance. To find a local one, visit ParentCenterHub.org. “Remember, you are your child’s best advocate,” says Julie Hertzog, Director of PACER’s National Bullying Prevention Center. “If your child does not feel safe, you may decide to change schools. Your child’s safety and well-being are of the utmost importance.”

Know the Law

If bullying is based on a child’s disability, it may violate that child’s federal legal rights under Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, and the Individuals with Disabilities Education Act.

In a Letter to Colleagues issued on October 26, 2010, the US Department of Education’s Office for Civil Rights (OCR) informed all US public schools that bullying and harassment, including harassment of one student by another, can be a form of prohibited discrimination.

Federal law prohibits discrimination, including harassment, in education programs and activities on the basis of race, color, national origin, sex, gender, or disability. Read the OCR letter at www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.html

According to the OCR and Department of Justice, however, not all bullying constitutes “harassment,” and the specific conduct must be examined to determine if civil rights were violated. Read the definition of “disability harassment” as stated by the OCR and the Office of Special Education and Rehabilitative Services at: www2.ed.gov/about/offices/list/ocr/docs/disabharassltr.html

Although children with disabilities face a higher risk of being bullied, parents can take proactive steps to ensure their child’s safety. Promoting innovative ideas such as PACER’s Peer Advocacy Program, using the IEP as a bullying prevention tool, working with the school, and knowing the law can help parents protect children with disabilities from bullying.

Learn more at PACER.org/bullying.

©2016, 2012, PACER Center, Inc., | ACTION Sheet: BP-16 | PACER.org

Student Action Plan Against Bullying (Designed for youth to complete with or without an adult)

Bullying affects everyone—and every student can play an important role in preventing bullying. That means YOU can take charge of what is happening around you! Use this plan to think through a difficult situation and take steps to change what is happening to you or someone else. Whether you are the target of bullying, a witness, or the person who bullies, this plan can help you think through potential responses and come up with next steps to help prevent the bullying.

What You Can Do

Become an advocate or self-advocate. An advocate helps others get what they need. A self-advocate communicates their own needs. It's important to understand that being a self-advocate does not mean you need to take next steps on your own. Self-advocacy is about being a part of the process, expressing your opinion, and ensuring that you are comfortable with the action steps taken toward that solution.

How to Use the Student Action Plan Against Bullying

1. Read through the examples in this document
2. Decide if you want to start this on your own or if you would like to involve an adult

Note: Even if you start this on your own, it's important to share with a trusted adult and provide them with information on the best way to support

you. This is important because sometimes adults aren't aware that the bullying is happening, and many bullying situations won't get resolved until a caring adult is involved.

3. Complete the "My Personal Action Plan Against Bullying," on page four with your own experience as a target of bullying, a witness, or the person who is bullying.

By completing this plan, you are taking action toward a solution.

What's Next?

- If you haven't shared your plan with an adult you trust, now is the time
- Let the adult know how important it is to have their help and support
- Talk through your ideas together
- Decide which steps to take and who will help
- Write down your notes in your action plan

©2020, 2016, 2014, PACER Center, Inc., | ACTION Sheet: BP-25 | PACER.org



Kyla is a 10-year-old girl with Down syndrome. A classmate is making fun of her speech.

Step 1: Describe your experience	Step 2: Reflect on your ideas	Step 3: Develop potential solutions
Think about the bullying you have experienced, seen, or even done yourself. Describe the situation, including where it happened, who was involved, what happened, and how it made you feel.	Then consider how that situation could be different. Include what you would like to see happen, what things could change, and what would help you feel more in control of the situation.	Next, think about the steps needed to make those changes happen. Consider what role you need to take, who would need to be involved, and what they would need to do.

Place your responses in the boxes below

Sometimes, when I talk, it can be hard to understand. When it happens, there is this kid named Jordan that imitates me, and he makes a big deal out of it. He exaggerates my words and then makes sure that all his friends hear it, and a lot of them laugh. It really hurts and makes me wish I didn't have to go to school.	I don't want to get anyone in trouble, I just want him to stop. It's hard when it feels like people are laughing at me because of something I can't control. I want to say something to him but it's not easy to do. I wish one of the other kids would stick up for me. Maybe I could talk with some of my friends and see if they would support me when this happens.	I am going to talk with my mom and ask her for ideas. I am going to ask my mom if we can go to my teacher together and let her know what's been happening. My friend Andrea is someone who is always at my side. I am going to ask Andrea if I can talk with her any time I'm feeling bad. When I feel ready, I want to prepare myself to say something to Jordan, but in the meantime, I am going to remember that I have many people who care about me.
--	---	---

Next steps Who is involved?

<input type="checkbox"/> My mom and I will go to my teacher together	My mom and me
<input type="checkbox"/> We will tell my teacher what is happening	My teacher, my mom, and me
<input type="checkbox"/> I will ask for Andrea to be my support	Andrea and me
<input type="checkbox"/> We will help Andrea with ways she can be supportive	My teacher, my mom, Andrea, and me
<input type="checkbox"/> I will practice what I can say to Jordan	My mom, Andrea, and me
<input type="checkbox"/> If Jordan continues to do this, I will let Andrea, my mom, or my teacher know	Andrea, my mom, my teacher, and me

Nate, a 14-year-old student, is tired of seeing his classmate, Sam, being harassed online through an anonymous account.

Step 1: Describe your experience	Step 2: Reflect on your ideas	Step 3: Develop potential solutions
Think about the bullying you have experienced, seen, or even done yourself. Describe the situation, including where it happened, who was involved, what happened, and how it made you feel.	Then consider how that situation could be different. Include what you would like to see happen, what things could change, and what would help you feel more in control of the situation.	Next, think about the steps needed to make those changes happen. Consider what role you need to take, who would need to be involved, and what they would need to do.

Place your responses in the boxes below

Someone at school created an anonymous social media account and keeps posting embarrassing pictures of Sam at lunch or between classes, turning them into memes. Other peers are liking the photos and the account now has a pretty large following.	I feel bad about what is happening to Sam, he must feel on edge all the time. I could reach out to Sam about how I can help and make sure he knows he isn't alone. I think I know who is posting the photos, but if I say something, I need to make sure it's not going to make things worse. I could encourage others to do or say something to show support for Sam, too. No one deserves to be treated that way.	I should show my school counselor screenshots of the account and images and ask what the counselor thinks of my ideas. I could also ask if there is anything we can do in class to talk about how hurtful online bullying is. I will report the account and talk with Sam about other ways I can help. I think it's important to also speak with my other friends. Together, we could post positive comments for Sam or encourage other peers to stop sharing.
--	---	--

Next steps Who is involved?

<input type="checkbox"/> Report the anonymous social media account online for harassing content	Me
<input type="checkbox"/> Be supportive of Sam, let him know I am there for him. Get his ideas on what is helpful.	Sam and me
<input type="checkbox"/> Let my friends know that I think the account is hurtful and we should share positive comments with Sam.	My peers and me
<input type="checkbox"/> Talk with my school counselor, share my ideas, and ask for their advice	My school counselor and me
<input type="checkbox"/> Encourage my school counselor to provide strategies for students on how to respond to cyberbullying.	My school counselor, my peers and me

My Personal Action Plan Against Bullying

Step 2: Describe your experience	Step 2: Reflect on your ideas	Step 3: Develop potential solutions
Think about the bullying you have experienced, seen, or even done yourself. Describe the situation, including where it happened, who was involved, what happened, and how it made you feel.	Then consider how that situation could be different. Include what you would like to see happen, what things could change, and what would help you feel more in control of the situation.	Next, think about the steps needed to make those changes happen. Consider what role you need to take, who would need to be involved, and what they would need to do.
Add your responses in the boxes below		
Next steps Who is involved?		
✓		
✓		
✓		
✓		
✓		

RESOURCES

The following resources appear in order of mention in the text.

APPENDICES

Appendix A	Online School Resources for Parents and School Personnel (list with links)	50
Appendix B	Individualized Health Care Plan (IHP), Example 1	54
Appendix C	Individualized Health Care Plan (IHP), Preschool-redacted, Example 2	55
Appendix D	Individualized Health Care Plan (IHP), 4th Grade-redacted, Example 3	57
Appendix E	California HIPAA Waiver of Authorization	60
Appendix F	California HIPAA Waiver of Authorization, Spanish	63
Appendix G	Authorization for Administration of Medications at School, Example 1	66
Appendix H	Authorization for Administration of Medications at School, (Spanish) Example 2	68
Appendix I	Health-Related Waivers for Young Adults (HIPAA, FERPA, and Advance Directive)	69
Appendix J	Medical Power of Attorney (Advance Directive)	73
Appendix K	FERPA Release	80
Appendix L	Emergency Care Plan, Example 1	81
Appendix M	Emergency Care Plan, Example 2	83
Appendix N	ASCIP School Field Trip Guidelines, overview	84
Appendix O	Child Care and Preschool in California	86
Appendix P	Questions to Ask a Potential Child Care Provider	89
Appendix Q	504 Plan Example, Moderate Hemophilia A, High School	92
Appendix R	504 Plan Example, Glanzmann’s Thrombasthenia	96
Appendix S	504 Plan Example, von Willebrand Disease, High School Senior	101
Appendix T	504 Plan Example (blank form from Understood.org)	102
Appendix U	504 Plan Example (blank form from NYC Department of Education)	104
Appendix V	List of HFSC-Recommended 504 Plan Reasonable Accommodations	109
Appendix W	Chronic Illness Verification (CIV) Form	112
Appendix X	Permission to Treat Form (Consent to Medical Care for a Minor)	116
Appendix Y	Section 504 Evaluation Request, Sample Letter	117
Appendix Z	Special Education Evaluation Request, Sample Letter	119
Appendix AA	California Department of Education Uniform Complaint Procedures	121

APPENDIX A

Online School Resources

For Parents and School Personnel

HEALTH CARE RESOURCES

- **HIPAA Waiver of Authorization Form**
Example: <https://eforms.com/images/2016/10/California-HIPAA-Medical-Release-Form.pdf>
- **CDE Program Advisory on Medication Administration.**
Detailed information on California state law on administering medications at school: <https://www.cde.ca.gov/lh/he/hn/documents/medadvisory.pdf>
- **Authorization for Administration of Medications at School**
Samples: <http://iepschool.com/wp-content/uploads/2020/05/authorization-administration-medication.pdf>
and,
[http://fcoe.org/sites/fcoe.org/files/documents/Authorization %20for%20Medication%20Administration% 20at%20School%20Form%20-%20Fillable.pdf](http://fcoe.org/sites/fcoe.org/files/documents/Authorization%20for%20Medication%20Administration%20at%20School%20Form%20-%20Fillable.pdf)
- **Advance Directive (Medical Power of Attorney)**
Example from California Office of the Attorney General: <https://oag.ca.gov/sites/all/files/agweb/pdfs/consumers/ProbateCodeAdvancedHealthCareDirectiveFormfillable.pdf>
- **Advance Directive**
Another example, with detailed instructions: <https://www.caringinfo.org/wp-content/uploads/California.pdf>
- **Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to Student Health Records**
Full discussion of FERPA and HIPAA, additional exceptions, and their overlap in the school setting: https://studentprivacy.ed.gov/sites/default/files/resource_document/file/ferpahipaa-guidance.pdf
- **HIPAA or FERPA? A Primer on Sharing School Health Information in California, 2nd ed.**
Excellent review of HIPAA and FERPA in schools: <https://www.courts.ca.gov/documents/BTB25-20-01.pdf>
- **ASCIP Field Trip Guidelines**
Full version: <https://ascip.org/wp-content/uploads/2016/06/ASCIP-Field-Trip-Guidelines-Final-Draft-10-23-2015.pdf>

ACADEMIC RESOURCES

- **Learning Rights Law Center** fights to achieve education equity for underserved families in Los Angeles and surrounding counties. The center provides free, low-cost legal representation, advice, advocacy, and training to families and communities whose children, because of disability or discrimination, have been denied equal access to a public education: <https://www.learningrightslawcenter.org/>

- **Understood.org**
Good information on 504 plans and IEPs, with many excellent resources (though sometimes buried on the website, and found only by following links in articles): <http://www.understood.org>
- **Wrights Law**
Special education law and advocacy, with articles on most aspects of special ed: <http://www.wrightslaw.com>
- **Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools**
US Department of Education: <https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>
- **Office of Civil Rights (OCR) Coordinators**
<http://www.ed.gov/civ-rtcs-coordinators>
- **Home and Hospital Instruction Program California Department of Education:**
<https://www.cde.ca.gov/sp/eo/hh/>
- **HFSC's 2021 Back to School Video**
<https://youtu.be/LbwUr-uNzs>
- **Office of Civil Rights (OCR)**
Information on the Section 504 complaint process:
<https://www2.ed.gov/about/offices/list/ocr/complaintprocess.html>
- **Parent Training and Information Center**
Section 504 complaint help: <https://www.parentcenterhub.org/california/>
- **Notice of IDEA Procedural Safeguards**
California Department of Education:
<https://www.cde.ca.gov/sp/se/qa/pseng.asp>
- **Guide to the Individualized Education Program (a PDF file)**
US Department of Education:
www2.ed.gov/parents/needs/speced/iepguide/iepguide.pdf
- **IDEA Regulations**
These give parents the right to request an evaluation for special education services at any time: <https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/osep11-07rtimemo.pdf>

RESOURCES FROM THE HEMOPHILIA FEDERATION OF AMERICA (HFA) BACK-TO-SCHOOL TOOLKIT

<https://www.hemophiliafed.org/home/for-patient-families/resources/toolkits/back-to-school/>

- **Hemophilia and the Student**
Customizable PowerPoint presentation for parents or guardians to use at an in-service meeting to educate school personnel about their child's bleeding disorder:
https://www.hemophiliafed.org/uploads/FAM_Toolkit_BacktoSchool_CustomizableHem_oPowerPoint_2016_06.ppt
- **von Willebrand Disease (VWD) and the Student**
Customizable PowerPoint presentation for parents or guardians to use at an in-service meeting to educate school personnel about their child's bleeding disorder. Two versions: (1) more in-depth for school nurses; (2) less in-depth and covers the basics. Both include a presenter's guide:
https://www.hemophiliafed.org/uploads/FAM_Toolkit_BacktoSchool_CustomizableVWD_2016_07.ppt

- **Setting the Stage for Success in School**
Document contains slides from a 2011 “Dads in Action” webinar, and discusses IEPs, 504 plans, and accommodations:
<http://www.hemophiliafed.org/uploads/Setting-the-Stagefor-Success-in-School-slides.pdf>
- **Hemophilia and School Success: Navigating the System**

YouTube video of a 2013 “Dads in Action” webinar. Dr. Joby Robinson, with more than 20 years’ experience as a teacher and trainer, shares information about federal laws specific to bleeding disorders, resources, and proven strategies to help your child have a successful and safe school year: https://www.youtube.com/watch?v=d_R9SMFIGJY

■ ARTICLES FROM NATIONAL HEMOPHILIA FOUNDATION’S (NHF) BLEEDING DISORDERS MAGAZINE, HEMAWARE

- **Back to School with a Bleeding Disorder**
Make sure school personnel learn how to meet the needs of your child’s condition.
July 1, 2006
http://www.hemophiliafed.org/uploads/Backto-School_Hemaware.pdf
- **Back-to-School Basics: Preparing Your Child for the School Year**
August 4, 2015
<https://hemaware.org/life/back-school-basics>
- **Vital Role of School Nurses: Educate School Staff on Your Child’s Needs**
Updated August 30, 2017
<https://hemaware.org/life/vital-role-school-nurses>
- **The 411 on 504 Plans: What Parents Should Know About Planning for Their Child’s Education**
July 19, 2012
<https://hemaware.org/life/411-504-plans>
- **Physical Education for Kids with Bleeding Disorders: Get the Benefits of Gym Class While Minimizing Risk**
Updated October 3, 2017
<https://hemaware.org/life/physical-education-kids-bleeding-disorders>
- **Excused Absences: Don’t Let Your Child Fall Behind in School** Review of health plans, Individualized Education Programs (IEPs), and 504 plans (written documents for students with medical issues, outlining their specific accommodations), as well as alternatives to regular school and partnering with your hemophilia treatment center (HTC).
February 9, 2012
<https://hemaware.org/life/excused-absences>
- For more **HEMAWARE** articles on school subjects, visit the HEMAWARE website and click on the “Load More” button at the bottom center of the page to see additional titles:
https://hemaware.org/search?search_api_fulltext=school
- **National Hemophilia Foundation (NHF)** has many more resources; unfortunately, there is no online catalog, and most resources aren’t available for download from the NHF website. To request information from NHF, visit HANDI, NHF’s Information Resource Center, at the link and fill out a request form: HANDI Request for Information:
<https://www.hemophilia.org/Community-Resources/HANDI-NHFs-Information-Resource-Center/HANDI-Requestfor-Information>

■ ANTI-BULLYING RESOURCES

- **Battling Bullies: Turning Victims into Victors**
Hemaware article, July 25, 2011:
<https://hemaware.org/bleeding-disorders-z/battling-bullies>
- **StopBullying.gov**
Federal government website managed by US Department of Health and Human Services containing many resources:
<https://www.stopbullying.gov/index.html>
- **Centers for Disease Control and Prevention (CDC)**
People with disabilities and chronic diseases: information about bullying
<https://www.cdc.gov/ncbddd/disabilityandsafety/bullying.html>
- **US Department of Education**
Disability harassment information:
<http://www2.ed.gov/about/offices/list/ocr/docs/disabharassltr.html>
- **California Anti-Bullying Laws and Policies**
<https://www.stopbullying.gov/resources/laws/California>
- **Edutopia**
George Lucas educational foundation containing many resources to fight bullying and harassment at school:
<https://www.edutopia.org/article/bullying-prevention-resources#graph1>
- **PACER National Bullying Prevention Center**
<http://www.pacer.org/bullying/classroom/>
- **PACER National Bullying Prevention Center**
<https://www.pacer.org/bullying/>
- **PACER Teens Against Bullying**
<https://pacerteensagainstabullying.org/>
- **PACER Kids Against Bullying**
<https://pacerkidsagainstabullying.org/>
- **National Education Association Teaching Students to Prevent Bullying**
<http://www.nea.org/tools/lessons/teachingstudents-to-prevent-bullying.html>
- **California Department of Education Bullying Publications and Resources**
<https://www.cde.ca.gov/lr/ss/se/bullyres.asp>
- **California Association of Human Relations Organizations Bullying Resources**
<http://www.cahro.org/2011/09/bullyingresources/>
- **NHF Let's Talk about Bullying**
<https://www.hemophilia.org/Events-Educational-Programs/In-Person-Workshops/Lets-Talk-Bullying>



Resources!

APPENDIX B

INDIVIDUALIZED HEALTH CARE PLAN (IHP) EXAMPLE FOR HEMOPHILIA

Last Name: _____ First Name: _____ DOB: _____ Grade: _____
 Allergies: _____ HT: _____ WT: _____
 Medical Diagnosis: _____
 Primary Physician: _____ Phone #: _____ Fax #: _____
 Medications: _____
 Emergency Contact (s): _____
 Pertinent Information: _____
 Goals: 1. Prevent injuries while at school
 2. Student will demonstrate good class attendance & participation with modifications as necessary.

Nursing Diagnosis	Expected Outcome	Nursing Intervention
1. Potential for injury related to factor deficiency.	1. Student will remain free from injury while at school. 2. Student will inform teacher when he is having a bleeding episode. 3. Student will be monitored for complications and appropriate medical attention will be obtained.	1. In-service teachers & other appropriate school personnel about hemophilia. 2. Contact parent/emergency person as appropriate. 3. Appropriate care will be provided for bleeding episodes: pressure, elevation, ice, call 911. 4. Work with PE teachers to modify PE requirements as indicated.
2. Risk for ineffective role performance related to absence from school/class due to hemophilia symptoms	1. Student will participate in regular classroom activities, with modifications made as necessary (hospital or homebound instruction when needed) 2. Student will recognize his warning signs of a bleeding episode & stop activity.	1. In-service teachers & other appropriate school personnel about sickle cell disease. 2. Work with PE teachers to modify PE requirements as indicated. 3. Discuss with the student importance & responsibilities of recognizing his warning signs of a bleeding event & stop activity.
3. Potential for infection related to port-a-cath being accessed while at school.	1. Student will remain free from infection at port-a-cath site while at school.	1. Frequent assessments of port-a-cath dressing/site/tubing. 2. Discuss with student importance & responsibility of notifying teacher/nurse if dressing integrity is compromised.

Nurse Signature _____ Date _____ Nurse Signature _____ Date _____
 Reviewed/Updated _____ Date _____ Reviewed/Updated _____ Date _____

APPENDIX C



Personal Care Plan for

Birthdate:

Diagnosis: Hemophilia A (Severe)

Mom:

Dad:

Hemophilia Treatment Center (HTC):

Hematologists: Dr. _____ or Dr. _____

Nurse Practitioner:

What is Hemophilia?

_____ has hemophilia A (severe). Hemophilia is a life-long condition with no cure, but with proper medical care one can live a normal life. A person with hemophilia has prolonged bleeding time, because one of the thirteen clotting factors in their blood is defective or inactive. As a result, a strong clot does not form and bleeding can continue. Bleeding into internal spaces such as joints, muscles, head or organs is the major concern in a person living with hemophilia. These bleeds are usually the result of injury but can happen spontaneously (if factor levels are very low). Without factor medication, he can bleed longer than normal but does not bleed any faster.

_____ receives prophylactic factor treatment at home every three days as determined by his Hemophilia Treatment Center (HTC) at _____.

_____. His parents are trained to perform his infusions of factor by central venous port in his upper chest. **Providing factor in a timely manner is essential and his parents are his first line of defense when injury or bleeds have occurred.**

_____’s medication _____ (also referred to as “factor”) and supplies will be provided and are to be kept on hand at school or on field trips for use in an emergency.

What can YOU do?

_____ should always be allowed to wear a Medical-ID bracelet/necklace.

_____ is very active and should not be excluded from normal activities

APPENDIX C

Close supervision on the playground is a MUST. Quick response to any sign of injury or pain is critical.

Treatment for a small cut is the same as any person. Basic first aid assisted by pressure and bandages should be suffice.

Any injury that would illicit a formal report (head, joints, bruises, serious scrapes, or any complaint of pain) should be treated as an emergency AND his parents should be notified immediately. Assessment of the seriousness and needing a factor treatment +/- return to normal activity or hospital visit will be determined by his parents.

is just becoming able to recognize the first signs of bleeding before any evidence of "a bleed" is visible. will alert you of this if he says he has pain anywhere on his body or says; "I'm having a bleed". He may also have joint swelling or just walk with a limp. Please believe him when he complains of pain. This is when treatment should be initiated to prevent progression. Call parents immediately so they can determine next steps.

In the interim: the RICE (Rest, Ice, Compression, & Elevation) should be used.

If leaves the school property for field trips, the teacher should travel with his factor and necessary supplies. Parents should be encouraged to attend.

may be mobility impaired or have limited use of his limbs from time to time. If this is the case, please find ways to include him in participating in other manners.

He may also miss school due to bleeds or scheduled doctor or clinic visits. All attempts to limit the missing of academic hours will be made however, hemophilia is an unpredictable disorder. Parents will pick up any make-up work or crafts for to complete to stay on track.

Because has a central venous access device (port-line in his chest) it is vital that all fevers be reported to his parents immediately. The line must be tested for bacterial infection.

We're a team

When in doubt, call Mom or Dad.

Mom:

Dad:

No question or issue is considered trivial.

Your support in helping us keep safe and empowered is important.

APPENDIX D



SCHOOL DISTRICT

Physical Activities Participation Form – Elementary School 2020-21

NAME OF STUDENT: _____

DATE OF BIRTH: _____

Due to your child's health condition, the following, precautions, and considerations need to be followed for his/her safe participation in physical activities. Please check the appropriate column for each school activity/s this student should **not** have participation. Document any modification/s needed.

Activity	No Participation	Participation with Modification (Please explain)
Basketball		<i>yes on all activities, no mod.</i> ↓
Dancing		
Handball		
Jogging		
Jump Rope		
Mile Run		
Monkey Bars		
Pull-ups		
Running		
Sit-ups		
Soccer		
Softball		
Stretching		
Tetherball		
Track & Field		
Volleyball		
Walking		
Dodgeball		
Tall playgroup equipment		
Other:		

Comments: No tackle football, La Croix, Rugby or wrestling

9/21/20

Parent/Guardian Signature

Date

School Nurse's Signature

Date

Physician's Signature

9-18-20
Date

APPENDIX D

2020 - 21

STUDENT: _____ BD: _____ GRADE: Fourth Teacher: _____ Room: _____

Mother's name: _____ Cell phone #: _____

Father's name: _____ Cell phone#: _____

Diagnosis: Factor VIII (8) Deficiency – ~~Severe~~ Hemophilia A. _____ is missing Factor VIII (8). This means his blood will not form a successful clot on its own. _____ will not bleed faster than his peers but will bleed longer. Bleeding episodes are any time _____ experiences an external or internal bleed. Due to bleeding issues, _____ could present with bruising especially on his extremities.

Symptoms	Intervention	Staff
I. External Bleed Small cuts and abrasions	I. First aid is the same as other children except: A. apply pressure at site longer. B. bleeding usually stops due to oxygen exposure. C. apply an ice pack to affected area. D. _____ has lost several "baby" teeth. So far, he has not bled excessively when this has happened. Follow usual protocol but contact the parent if bleeding is excessive or difficult to stop bleeding. Amicar may need to be administered orally.	Teacher Health Assistant School Nurse
II. Internal bleeding	II. These bleeds can be injury induced or spontaneous. Hemophilia patients experience more, non-visible, internal bleeding episodes which can escalate rapidly. A. Signs of an early bleed are: Injury, tingling feeling, pain, irritability, fatigue and favoring or refusing to use a limb. (Identification at this stage is important) B. Late signs of a bleed are: Area warm to the touch, stiffness, increased pain, swelling, limited movement, refusal or inability to straighten or bear weight. ALWAYS BELIEVE _____ WHEN HE SAYS SOMETHING IS HURTING. CALL A PARENT & NURSE AS SOON AS POSSIBLE.	Noon aids Playground staff
III. Most Common Bleeds	A. Joint bleeds are the most common bleeds. He CANNOT PLAY ON TRAMPOLINE (can cause joint bleeds) B. Most often affected joints are shoulder, elbow, hip , knee, ankle, toes and fingers. 1. Ice pack to affected area 2. Elevate the limb, if applicable 3. Call the parent & nurse. C. Other bleeds are muscle and head bleeds. D. CONTACT THE PARENTS STAT WHEN _____ HITS OR BUMPS HIS HEAD.	
IV. Major and Minor Bleeds	A. Major bleeds locations: Head, GI, neck, throat, Iliopsoas (anterior or inner hip muscle), testicle, advanced joint/muscle, trauma B. Minor bleed locations: Early- joints, soft tissue/muscle, scrapes, most bruises, mouth (unless unable to control) and gums. C. Bruise site increases in size and becomes warm and/or painful. D. If he gets a bleed in his dominant hand, for ex, need accommodations for writing, typing etc. for class and homework – more time, oral responses etc.	

APPENDIX D

2020 - 21

V. now receives to minimize the occurrence of bleeds.	A. A parent needs to be called before or at the same time 911 is contacted. B. Paramedics need to know this student has hemophilia and receives _____ a week. Do NOT administer _____ C. IF AT ALL POSSIBLE : 1. If injury involves bleeding & 911 will be called, a parent needs to be contacted STAT. He should ONLY go to Hospital. 2. Parent plans to administer _____ s infusion of _____ before the ambulance departs.	
Restriction of Physical activities	A. Allow to self-limit his involvement in physical activities (refer to physical activities form). B. Can use assistive devices such as crutches, walker, knee scooter, or wheelchair as needed with medical approval. C. Allow for extra time to move between classes D. <u>NO CONTACT SPORTS (REFER TO PHYSICAL ACTIVITY FORM).</u>	

**** Please allow _____ to drink water at any time throughout the day (he will bring), due to his _____

Principal

Date

9/21/20

Parent /Guardian

Date

School Nurse

Date

Physician

9-18-20
Date

page2

APPENDIX E

https://eforms.com/images/2016/10/California-HIPAA-Medical-Release-Form.pdf

FORM 16-1

CALIFORNIA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Completion of this document authorizes the disclosure and use of health information about you. Failure to provide all information requested may invalidate this authorization.

Name of patient:

USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby authorize: _____ to release to:

(Persons/Organizations authorized to receive the information)

(Address — street, city, state, zip code)

The following information:

- a. All health information pertaining to my medical history, mental or physical condition and treatment received; OR
 Only the following records or types of health information (including any dates):

b. I specifically authorize release of the following information (check as appropriate):

- Mental health treatment information _____ (initial)
 HIV test results _____ (initial)
 Alcohol/drug treatment information _____ (initial)

A separate authorization is required to authorize the disclosure or use of psychotherapy notes, as defined in the federal regulations implementing the Health Insurance Portability and Accountability Act.¹

(over)

¹ Health care providers that do not maintain psychotherapy notes as defined in HIPAA may wish to delete this sentence.

APPENDIX E

Form 16-1 Authorization for Use or Disclosure of Health Information

PURPOSE

Purpose of requested use or disclosure: Patient request; OR Other:

Limitations, if any: _____

EXPIRATION

This authorization expires on (date): _____

MY RIGHTS

- I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.²
- I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of.
- I may revoke this authorization at any time, but I must do so in writing³ and submit it to the following address: _____

My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this authorization.

- I have a right to receive a copy of this authorization.⁴
- Information disclosed pursuant to this authorization could be redisclosed by the recipient. Such redisclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless

² If any of the HIPAA recognized exceptions to this statement applies, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the failure to obtain such authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party. Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.

³ Patients of federally-assisted substance abuse programs and patients whose records are covered by LPS may revoke an authorization verbally.

⁴ Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures (see 45 C.F.R. Section 164.508(c)(4)).

APPENDIX E

Form 16-1 Authorization for Use or Disclosure of Health Information

another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

SIGNATURE

Date: _____ Time: _____ AM - PM

Signature: _____
(*patient/legal representative*)

If signed by a person other than the patient, indicate relationship: _____

Print name: _____
(*legal representative*)

NOTES FOR PROVIDERS THAT USE THIS FORM:

- If the purpose of the authorization is to use the information for marketing by a third party that remunerates the provider, a statement to this effect must be included in this authorization form.
- If the purpose of the authorization is for the sale of protected health information (PHI), this form must state whether the PHI can be further exchanged for remuneration by the initial recipient.
- A provider that discloses health information pursuant to an authorization must communicate any limitation contained in the authorization to the recipient [Civil Code Section 56.14]. The required notification may be accomplished by giving the recipient a copy of the authorization form.

APPENDIX F

FORM 16-1S

AUTORIZACIÓN PARA UTILIZAR O DIVULGAR INFORMACIÓN MÉDICA

Al completar este documento autoriza la divulgación y el uso de su información médica. Esta autorización puede perder su validez si no proporciona toda la información solicitada.

Nombre del paciente: _____

USO Y DIVULGACIÓN DE INFORMACIÓN MÉDICA

Por medio del presente autorizo a: _____ a divulgar a:

(Personas u organizaciones autorizadas a recibir la información)

(Domicilio — calle, ciudad, estado, código postal)

la siguiente información:

- a. Toda la información médica referente a mi historia médica, estado mental o físico y tratamiento recibido; O
- Sólo los siguientes expedientes o tipo de información (incluso las fechas):

- b. Autorizo específicamente la divulgación de la siguiente información (marque donde corresponde):

- Información sobre tratamiento de salud mental _____ (inicial)
- Resultados de análisis de VIH _____ (inicial)
- Información sobre tratamiento de alcoholismo o drogadicción _____ (inicial)

Se requiere una autorización adicional para permitir la divulgación o el uso de notas de psicoterapia, según se define en las regulaciones federales de la Ley de Portabilidad y Responsabilidad de Seguros Médicos.¹

(sobre)

¹ Health care providers that do not maintain psychotherapy notes as defined in HIPAA may wish to delete this sentence.

APPENDIX F

Form 16-1S Authorization for Use or Disclosure of Health Information

OBJETIVO

Objetivo del uso o divulgación solicitados: Solicitud de paciente; O Otro:

Limitaciones, si existen: _____

VENCIMIENTO

Esta autorización vence el (fecha): _____

MIS DERECHOS

- Puedo negarme a firmar esta autorización. Mi negativa no afectará mi calificación para obtener tratamiento o pago ni mi calificación para obtener beneficios.²
- Puedo inspeccionar u obtener una copia de la información médica cuyo uso o divulgación se me solicita que autorice.
- Puedo revocar esta autorización en cualquier momento, pero debo hacerlo por escrito³ y presentar mi revocación en este domicilio: _____

Mi revocación tendrá vigencia cuando se reciba, excepto en la medida en que otras personas hayan actuado basados en esta autorización.

- Tengo el derecho de recibir una copia de esta autorización.⁴
- El destinatario de la información divulgada en virtud de esta autorización puede volver a divulgarla. Dicha nueva divulgación en algunos casos no es +prohibido por la ley del Estado de California, y puede no estar protegida por la ley federal de confidencialidad

2 If any of the HIPAA recognized exceptions to this statement applies, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the failure to obtain such authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party. Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.

3 Patients of federally-assisted substance abuse programs and patients whose records are covered by LPS may revoke an authorization verbally.

4 Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures (see 45 C.F.R. Section 164.508(c)(4)).

APPENDIX F

Form 16-1S Authorization for Use or Disclosure of Health Information

(HIPAA). Sin embargo, la ley de California prohíbe que la persona que recibe la información sobre mi salud la revele, a menos que yo autorice dicha revelación o que ésta sea requerida por la ley o permitida por ésta.

FIRMA

Fecha: _____ Hora: _____ AM / IPM

Firma: _____
(paciente o representante legal)

Si no lo firma el paciente, indique la relación con éste: _____

Nombre en letra de imprenta: _____
(representante legal)

NOTES FOR PROVIDERS THAT USE THIS FORM:

- If the purpose of the authorization is to use the information for marketing by a third party that remunerates the provider, a statement to this effect must be included in this authorization form.
- If the purpose of the authorization is for the sale of protected health information (PHI), this form must state whether the PHI can be further exchanged for remuneration by the initial recipient.
- A provider that discloses health information pursuant to an authorization must communicate any limitation contained in the authorization to the recipient [Civil Code Section 56.14]. The required notification may be accomplished by giving the recipient a copy of the authorization form.

APPENDIX G

AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL

Name of Student:	Date of Birth:	Grade:	School:	School Year:
------------------	----------------	--------	---------	--------------

PLEASE RETURN THIS FORM TO YOUR SCHOOL NURSE

California Education Code 49423 defines certain requirements for administration of medication "... any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which medication is to be taken, and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician statement." School Personnel are **prohibited** from administering any over the counter or prescription medications including, aspirins, vitamins, antihistamines, etc. unless the medication is accompanied with written permission from both the parent/guardian and physician. The medication must be clearly labeled and sent to school in a container from the pharmacy and will be kept in the school office unless otherwise directed by the physician.

All medication orders will be automatically discontinued at the end of the school year after summer school.
New orders are required each school year.

***** PHYSICIAN USE ONLY *****

1. MEDICATION: _____ Dose: _____ Reason/Diagnosis: _____
 Route: Oral Inhalation Buccal Topical Intramuscular Subcutaneous GTube Other: _____
 Medication Start Date: _____ Stop Date: _____
 If DAILY, time(s) to be given: _____
 If AS NEEDED (prn), Frequency: Every 4 to 6 hrs. Every 6 to 8 hrs. Other: _____

FOR INHALER, or EPINEPHRINE AUTO-INJECTORS or other medications approved by physician only.

Student is allergic to: _____
 Self-Carry (Student demonstrates competence) Stored in Health office Locked Classroom Cabinet Other: _____
 Other instructions or precautions-possible reactions: _____

2. MEDICATION: _____ Dose: _____ Reason/Diagnosis: _____
 Route: Oral Inhalation Buccal Topical Intramuscular Subcutaneous GTube Other: _____
 Medication Start Date: _____ Stop Date: _____
 If DAILY, time(s) to be given: _____
 If AS NEEDED (prn), Frequency: Every 4 to 6 hrs. Every 6 to 8 hrs. Other: _____

FOR INHALER, or EPINEPHRINE AUTO-INJECTORS or other medications approved by physician only.

Student is allergic to: _____
 Self-Carry (Student demonstrates competence) Stored in Health office Locked Classroom Cabinet Other: _____
 Other instructions or precautions-possible reactions: _____

3. MEDICATION: _____ Dose: _____ Reason/Diagnosis: _____
 Route: Oral Inhalation Buccal Topical Intramuscular Subcutaneous GTube Other: _____
 Medication Start Date: _____ Stop Date: _____
 If DAILY, time(s) to be given: _____
 If AS NEEDED (prn), Frequency: Every 4 to 6 hrs. Every 6 to 8 hrs. Other: _____

Physician Signature	Physician Name	NPI Number
Address	Phone	Date

PLEASE COMPLETE BOTH PAGES

APPENDIX G

AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL – Continue

Name of Student:	Date of Birth:	Grade:	School:	School Year:
------------------	----------------	--------	---------	--------------

***** PARENT/GUARDIAN COMPLETES THIS PAGE *****
 Parent Request for Assistance with Medication at School

The parent or guardian must complete this page before any medication (prescription or over-the counter) can be given, or taken, at school. **This form must be renewed at the beginning of each school year or with any change in medication.**

Responsibility of the Parent or Guardian

1. Parents/Guardians shall be encouraged to cooperate with the physician to develop a schedule so the necessity for taking medications at school will be minimized or eliminated.
2. Parents/Guardians will assume full responsibility for the supply and transportation of all medications.
3. Parents/Guardians may administer medication to their child on a scheduled basis arranged with the school. Students are not permitted to carry prescribed or over-the-counter medication on school campus.
4. Parents/Guardians may pick up unused medications from the school office or from classroom staff at the close of the school year. Medications remaining after the last day will be discarded.
5. Each medication is to be in a separate pharmacy container prescribed for the student by a California licensed health care provider.
6. Each over-the-counter medication is to be in its original sealed container and prescribed for the student by a California licensed health care provider.

Parent Request for School Assistance with Medication

I understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student (with the exception of inhalers and epinephrine auto-injectors accompanied by appropriate physician instructions). All medication orders will be automatically discontinued at the end of the school year – summer school. **New orders are required each school year.**

A. For MEDICATIONS KEPT IN THE SCHOOL HEALTH OFFICE/LOCKED CABINET IN CLASSROOM ONLY: I hereby request that the staff of my child's school assist in giving medication to my child during school hours as stated in the physician instructions. I also give permission to contact the physician for consultation and exchange of information as needed.

Signature of Parent/Guardian: _____ Date: _____ Contact #: _____

B. For INHALERS/EPINEPHRINE AUTO-INJECTORS SELF CARRY or other medications approved by physician ONLY: I hereby request that my student carry and self-administer his/her inhaler or auto-injector. I understand that if my student does not follow the rules and responsibilities of carrying his/her medication, he/she will lose the privilege of carrying such medication. I also give permission to contact the physician for consultation and exchange information as needed.

Signature of Parent/Guardian: _____ Date: _____ Contact #: _____

APPENDIX H

AUTHORIZATION FOR ANY MEDICATION TAKEN DURING SCHOOL HOURS

Valid only for the current school year or as designated in the Individual Education Program (IEP) for Special Education students.

EXCEPTION: California Education Code 49423.5 - Specialized services, i.e., EpiPen, AnaKit, glucagon, nebulizer, etc., may require additional forms and instructions signed by Parent or Legal Guardian and Physician. Request specialized services forms from school.

Please review the 'Notice of Provisions' California Education Code (CEC) Sections 49423, 49423.5, 49480 and California Administrative Code (CAC) Title 5, 18170, printed on the reverse side of this form.

PARENT OR LEGAL GUARDIAN

Part 1: To be completed by Parent or Legal Guardian

Note: All medications must be prescribed, including over-the-counter medications. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, time schedule and name of Physician.

I request that designated school personnel assist my child in taking this prescribed medication (including prescribed over-the-counter medication). I agree to, and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to this medication. I understand that my child may not have nor taken medication at school unless all requirements are met. I hereby give consent for a school nurse to communicate with my child's Physician and counsel school personnel as needed with regard to this medication.

M F

Child's Name _____ Sex _____ Birthdate _____ SS# _____ Student ID# _____
 Name of School _____ Grade _____ Teacher _____ Room Number _____

List all medications routinely taken outside of school hours _____

I have read and understand the 'Notice of Provisions' printed on the reverse side of this form pertaining to 'Authorization For Any Medication Taken During School Hours.' I will immediately notify the school if there are any changes in medications my child is taking at school.

Date _____ X _____ () _____ () _____ () _____
 Signature Parent or Legal Guardian Home Telephone Work Telephone Cell #/Pager #

PHYSICIAN

Part 2. To be completed by the Physician

The child named above is under my care. It is necessary for him or her to receive the following prescribed medication during school hours.

Diagnosis for which medical is prescribed _____

Name of medication (one medication per form) _____

Dosage (Be specific, i.e., milligrams, etc.) _____

Time of day to be given _____ Frequency if 'as needed' _____

If 'as needed' describe indications and sequence orders _____

Method of administration ORAL Liquid Tablet Inhaler DROPS Eye R L Ear R L Nostril R L
 OTHER Topical or _____

Precautions or side effects _____

Storage and handling Routine handling, medication in locked storage and administered by authorized school personnel
 72 hour disaster supply only

If Medical Necessity for child to carry prescription for asthma, anaphylactic shock or diabetes:
 Designated school personnel to administer Child trained to self-administer

Additional special instructions _____

Date _____ X _____
 Signature Physician

Please print name _____

Office address _____

() _____ () _____
 Office Telephone Office FAX

Stamp Physician name/address below.

White - School District
Canary - Parent or legal Guardian
Pink - Physician

APPENDIX I

Health-Related Waivers For Young Adults

When your child turns 18, most of your legal rights to access their protected records and make decisions on their behalf—medical, financial, and academic—come to an end. These rights are transferred to your child, regardless of whether they are still in high school or covered by your health insurance plan.

Parents who want to continue providing support for their children or help them in an emergency after they turn 18 should have their child complete two forms: (1) a HIPAA waiver, and (2) a medical power of attorney (part of a document called an advance directive). If your child is attending college, a limited FERPA release should also be completed.

■ HIPAA

The US Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that has five major sections called “titles.” Title II of HIPAA, often called the HIPAA Privacy Rule, prohibits health care providers and health care businesses (called “covered entities”) from disclosing protected health information (PHI) to anyone other than a patient and the patient’s authorized representatives without their consent.

A HIPAA Waiver of Authorization, or release, allows your child to grant you (or another trusted adult) access to their medical records and permission to speak with their health care providers. Without a HIPAA waiver, health care providers are not legally permitted to disclose a patient’s medical record or even discuss their health status or treatment

recommendations with anyone even the parent of a young adult who is still on their parent’s health insurance plan. If your child wishes, the HIPAA waiver may be limited: language may be added that limits the conversations between their health care provider and parent, for example on questions about their bleeding disorder. Remember: HIPAA waivers expire and need to be renewed each year. An example of a HIPAA waiver can be found in the Appendix E of this Guide.¹

What Is Protected Health Information (PHI)

Under US law, protected health information (PHI) is any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity (like a health insurance company) and can be linked to a specific person.

■ FERPA

The Family Educational Rights and Privacy Act of 1974, or FERPA, is a federal law that protects the privacy of college students’ “education records,” including “treatment records.” In a January 2013 revision to HIPAA, and based on guidance from the US Department of Health and Human Services, the wording was clarified: HIPAA does not apply to health records maintained by an educational institution if those health records meet the definition of “education records” or “treatment records” under FERPA. (See box, “What Is Considered a FERPA Treatment Record?”) As a result, in most college health care settings, it is FERPA—

1. To see an example of a HIPAA Waiver of Authorization form: <https://eforms.com/images/2016/10/California- HIPAA-Medical-Release-Form.pdf>

WHAT IS CONSIDERED A FERPA TREATMENT RECORD?

- Records made by a physician, psychiatrist, or psychologist (or any recognized professional or paraprofessional)
- Records made, maintained, and used only in connection with treatment
- Records not shared, or shared only with other treatment providers

not HIPAA—that applies to care provided to students who use college student health and counseling services.

A FERPA waiver, or release, allows you to see your child’s education or treatment records. HIPAA and FERPA privacy rules sometimes seem to conflict. If your child seeks medical care at a health care provider not associated with the college, then a HIPAA waiver is all you need to see your child’s medical records and speak to the health care providers (this also applies to health care plans *sponsored* by the college or university but *not operated* by the college or university). But if your child visits the college health clinic or uses college counseling services, then those health records will probably be considered part of the student’s educational record or treatment record—and will be protected under FERPA. As a result, you would not have access to these records without a FERPA waiver.

There are several exceptions. The most important exception: If a student is a dependent of a parent or guardian who has declared the student or child a dependent for

tax purposes, the school is required to disclose the school records to the parent/guardian.²

A second important exception involves health centers or hospitals completely under the umbrella of a university health system or university school of medicine; outsourced health care centers (centers run by a health care provider not affiliated with the school); and some others that also treat non-students and bill for those services. In these cases, HIPAA (not FERPA) applies to the care of all students.

Note: The question of what and when treatment records are covered by HIPAA or FERPA is complex and often not fully understood—even by college/university officials. Because of this, keep in mind that this document is for information only, and is not legal advice. But don’t worry—armed with a HIPAA and FERPA waiver, you’re unlikely to run into problems accessing your child’s treatment records.

Also Note: Health records in K–12 schools for students under age 18 who are not emancipated (a minor who assumes most adult responsibilities before reaching age 18) are always considered educational records, so they are *always* covered by FERPA. Parents have a right to see this information without needing a FERPA waiver.

Most colleges have their own FERPA waivers. Check first with the school’s student health services department: they may have a different form that deals specifically with disclosing health data.^{3,4,5} An example of a FERPA waiver is included in the Appendix of this Guide.

2. For additional FERPA exceptions: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> 3. In some situations, minors also have rights to confidentiality and the right to consent to treatments. For a full discussion of these rights, see *Understanding Confidentiality and Minor Consent in California* by the Adolescent Health Working Group of the California Adolescent Health Collaborative of Los Angeles County; available for download: <http://www.publichealth.lacounty.gov/dhsp/Providers/toolkit2.pdf> 4. A good resource on this topic: *HIPAA or FERPA? A Primer on Sharing School Health Information in California, 2nd ed*: <https://www.courts.ca.gov/documents/BTB25-20-01.pdf> 5. For a full discussion of FERPA and HIPAA, other exceptions and their overlap in the school setting, see the US Department of Education’s *Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to Student Health Records*: https://studentprivacy.ed.gov/sites/default/files/resource_document/file/ferpa-hipaa-guidance.pdf

■ MEDICAL POWER OF ATTORNEY

A medical power of attorney (sometimes called a healthcare proxy, advance directive, or power of attorney for health care) appoints someone you choose, called a healthcare agent, to make health care decisions on your behalf if you become incapacitated because of serious injury or illness.⁶

A medical power of attorney speaks only to health care decisions. Don't confuse it with other types of power of attorney documents, such as a general power of attorney. A medical power of attorney is called a "springing" power of attorney: it becomes effective or "springs" up only when the principal (the person selecting their health care agent) becomes incapacitated. A springing power of attorney becomes effective when your health care agent signs a written statement that a specified event or contingency—such as incapacitation—has happened. (The determination that the principal does not have the "capacity" to make their own health care decisions is made by the principal's physician; but the principal can also choose to authorize their agent to make health care decisions on their behalf immediately.)

Designating a medical power of attorney varies by state. In California, the medical power of attorney authorization is part of a document called an advance health care directive, or simply an advance directive. In California, an advance directive is made of up two parts: (1) medical power of attorney, in which you appoint a health care agent; and (2) individual health care instructions (often called a "living will"). You may choose to complete either one or both of these parts. Either part is legally binding by itself.⁷

The second part of the advance directive—individual health care instructions or living will—allows you to state your wishes about refusing or accepting life-sustaining medical treatment. In California, the advance directive is the legally recognized format for a living will. It allows you to state your wishes about refusing or accepting life-sustaining treatment in any situation. By comparison, the traditional living will, which only states your desire not to receive life-sustaining treatment if you are terminally ill or permanently unconscious.

For your advance directive to become effective, you must sign the form and have two witnesses sign the form. If you don't have witnesses, you need a notary public. A notary public's job is to make sure you are the person who is signing the form.

Your witnesses must be over age 18, must know you, and must either be present when you sign the form or believe you are the person who signed the form. Your witnesses cannot be...

- your health care provider or an employee of your health care provider;
- your agent or alternate agent(s);
- an operator or employee of an operator of a community care or residential care facility; related to you by blood, marriage, or adoption, be named in your will, or be someone who would benefit from your estate (this applies to at least one of the witnesses).

Once the advance directive is in effect, make several copies of the form. Keep the original in a safe place in your home where you can find it easily, and tell others where you put the form.

6. Note that emergency medical technicians can't honor advance directives or living wills or medical power of attorney—once emergency medical services have been called, they must administer care. 7. If you do not have an advance directive and suddenly become ill, you can appoint a temporary health care agent to let the doctor know who you want to make decisions for you. Your oral instruction is just as valid as a written one.

Don't keep it in a safe deposit box because other people may need to find it quickly in an emergency.⁸

- Give a copy of the signed and witnessed form to your doctor at your next visit. Your doctor will include it in your medical records.
- Give photocopies to your agent and alternate agent(s). Be sure that everyone who might be involved with your health care, like your family, clergy, or friends, has a copy. Photocopies are just as valid as the original.
- Make a list of all the people and facilities who receive copies of your advance directive.
- Take a copy of the form with you if you are going to be admitted to a hospital, nursing home, or other health care facility.

How do you choose your health care agent?⁹

You can choose a family member or someone else. Talk to the person before you decide. Make sure the person is comfortable with this responsibility.

It's a good idea to choose someone who...

- is at least 18 years old;
- is someone you trust;

- knows you well, and understands what makes life meaningful for you;
- understands your religious and moral values;
- will honor your wishes and do what you want, not what they want;
- will be able to make hard choices at a stressful time;
- will be able to refuse or stop treatment, if that's what you would want, even if you might die;
- will be firm with doctors if needed;
- will be able to ask questions of doctors and others to get the information needed to make decisions;
- lives near you or will travel to you if needed.

Most health insurance companies have their own advance directive forms, which can be downloaded from their websites. A medical power of attorney or advance directive does not expire, and stays in effect until revoked, amended, or replaced by a new advance directive; or if you state in the form a specific date when you want it to expire.

An example of an advance directive from the California Office of the Attorney General is included in Appendix J of this Guide.^{10,11}



8. Adapted from *Communicate Your Health Care Wishes: California Advance Health Care Directive Kit*, Kaiser Permanente: [https://mydoctor.kaiserpermanente.org/mas/Images/Communicate%20Your%20Health%20Care%20Wishes%20-%20California%20Advance%20Health%20Care%20Directive%20Kit%20\(98168\)_tcm88-725815.pdf](https://mydoctor.kaiserpermanente.org/mas/Images/Communicate%20Your%20Health%20Care%20Wishes%20-%20California%20Advance%20Health%20Care%20Directive%20Kit%20(98168)_tcm88-725815.pdf) **9.** Recommendations from Kaiser Permanente: <https://healthy.kaiserpermanente.org/northern-california/health-wellness/health-encyclopedia/he.your-health-care-agent-howto-choose-someone.aa114475> **10.** A fillable version of an advance directive can be downloaded: <https://oag.ca.gov/sites/all/files/agweb/pdfs/consumers/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf> **11.** Another example of an advance directive, with detailed instructions: <https://www.caringinfo.org/wp-content/uploads/California.pdf>

APPENDIX J

Download a fillable version of this form at: <https://oag.ca.gov/sites/all/files/agweb/pdfs/consumers/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf>

ADVANCE HEALTH CARE DIRECTIVE FORM

PAGE 1 of 7

Probate Code - PROB

DIVISION 4.7. HEALTH CARE DECISIONS [4600 - 4806] (Division 4.7 added by Stats. 1999, Ch. 658, Sec. 39.)

PART 2. UNIFORM HEALTH CARE DECISIONS ACT [4670 - 4743] (Part 2 added by Stats. 1999, Ch. 658, Sec. 39.)

CHAPTER 2. Advance Health Care Directive Forms [4700 - 4701] (Chapter 2 added by Stats. 1999, Ch. 658, Sec. 39.)

4701. The statutory advance health care directive form is as follows:

ADVANCE HEALTH CARE DIRECTIVE (California Probate Code Section 4701) Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- (b) Select or discharge health care providers and institutions.
- (c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
- (e) Donate your organs, tissues, and parts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs, tissues, and parts following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

APPENDIX J

ADVANCE HEALTH CARE DIRECTIVE FORM

PAGE 2 of 7

PART 1 POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

(name of individual you choose as agent)

(address) (city) (state) (ZIP Code)

(home phone) (work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

(name of individual you choose as first alternate agent)

(address) (city) (state) (ZIP Code)

(home phone) (work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

(name of individual you choose as second alternate agent)

(address) (city) (state) (ZIP Code)

(home phone) (work phone)

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. If I mark this box , my agent's authority to make health care decisions for me takes effect immediately.

APPENDIX J

ADVANCE HEALTH CARE DIRECTIVE FORM

PAGE 3 of 7

(1.4.) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to donate my organs, tissues, and parts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

:

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

PART 2 INSTRUCTIONS FOR HEALTH CARE

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

(a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits. OR

(b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

(Add additional sheets if needed.)

(2.3) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

(Add additional sheets if needed.)

APPENDIX J

ADVANCE HEALTH CARE DIRECTIVE FORM

PAGE 4 of 7

PART 3 DONATION OF ORGANS, TISSUES, AND PARTS AT DEATH (OPTIONAL)

(3.1) Upon my death, I give my organs, tissues, and parts (mark box to indicate yes).
By checking the box above, and notwithstanding my choice in Part 2 of this form, I authorize my agent to consent to any temporary medical procedure necessary solely to evaluate and/or maintain my organs, tissues, and/or parts for purposes of donation.

My donation is for the following purposes (strike any of the following you do not want):

- (a) Transplant
- (b) Therapy
- (c) Research
- (d) Education

If you want to restrict your donation of an organ, tissue, or part in some way, please state your restriction on the following lines:

If I leave this part blank, it is not a refusal to make a donation. My state-authorized donor registration should be followed, or, if none, my agent may make a donation upon my death. If no agent is named above, I acknowledge that California law permits an authorized individual to make such a decision on my behalf. (To state any limitation, preference, or instruction regarding donation, please use the lines above or in Section 1.5 of this form).

PART 4 PRIMARY PHYSICIAN (OPTIONAL)

(4.1) I designate the following physician as my primary physician:

(name of physician)

(address)

(city)

(state)

(ZIP Code)

(phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

(name of physician)

(address)

(city)

(state)

(ZIP Code)

(phone)

APPENDIX J

ADVANCE HEALTH CARE DIRECTIVE FORM

PAGE 5 of 7

PART 5

(5.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign and date the form here:

(date) (sign your name)

(address) (print your name)

(city) (state)

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First witness

Second witness

(print name) (print name)

(address) (address)

(city) (state) (city) (state)

(signature of witness) (signature of witness)

(date) (date)

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

(signature of witness) (signature of witness)

APPENDIX J

ADVANCE HEALTH CARE DIRECTIVE FORM

PAGE 6 of 7

PART 6 SPECIAL WITNESS REQUIREMENT

(6.1) The following statement is required only if you are a patient in a skilled nursing facility--a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

(date)

(sign your name)

(address)

(print your name)

(city) (state)

(Amended by Stats. 2018, Ch. 287, Sec. 1. (AB 3211) Effective January 1, 2019.)

APPENDIX J

ADVANCE HEALTH CARE DIRECTIVE FORM

PAGE 7 of 7

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California,
County of _____

On _____ before me, _____
(insert name and title of officer)

personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (SEAL)

APPENDIX K

Example from: Center for Student Health
& Counseling, Portland State University

FERPA Release of Information Form

Patient Information & Consent

Student Name: _____ ID#: _____ Date of Birth: _____

A: I hereby consent and authorize the Center for Student Health and Counseling to: (check at least one)

- Release my records to (proceed to section below)
 Receive my records from (proceed to section below)
 Maintain verbal and written communication with (proceed to section below)

Recipient(s) of Records

B: Name of Individual or Organization: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____

Purpose of Information Release

C: Records are being released for the purpose of: (check at least one)

- Continuing Care
 Personal Records
 Insurance Review
 Legal Review
 Other: _____

Records to be Disclosed

D: The records that are to be disclosed are: (check all that apply)

- Entire Medical Record
 Lab Reports
 Most Recent Annual & Pap
 Diagnostic Imaging Reports
 Pathology Report
 Entire Mental Health Record
 Psychiatric Records
 Other: _____

E: If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed if I place my INITIALS in the applicable space next to the type of information.

_____ HIV/AIDS Information
_____ Mental Health Information
_____ Genetic Testing Information
_____ Drug/Alcohol Diagnosis,
Treatment or Referral Information

Authorization and Consent to Release Records

- You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. The only exception is when a covered entity has taken action in reliance on the authorization or the authorization was obtained as a condition of obtaining insurance coverage.
- You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services or reimbursement for services. The only circumstance when refusal to sign means you will not receive health care services is if the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure.

F: By signing below, I acknowledge that I am authorizing and consenting to the release of my medical records. Unless revoked in writing, this authorization will remain in effect for 365 days from the date it was signed.

Must be hand-written or electronically drawn signature of
individual OR Power of Attorney with Identification

Date

Telephone Number

APPENDIX L

Example from: E.H. Mellon Administrative Center
Champaign, Illinois

Emergency Care Plan Hemophilia

Date: _____

School: _____

Grade: _____

Student Name: _

Parent(s)/Guardian(s): _____

Home Phone Number: _____ Work: _____

Cell: _____

Emergency Contacts: _____ Ph: _____

_____ Ph: _____

Hematologist/Care Center: _____ Ph: _____

General information about student with Hemophilia: Hemophilia is an inherited blood disorder in which blood does not clot properly. People with hemophilia bleed longer, not faster. Severity can be mild, moderate, or severe. Internal bleeds in joints or muscles are most common. Minor injuries, such as small cuts or abrasions, nosebleeds, and mouth bleeds are usually not serious but must be assessed promptly and monitored to ensure bleeding has stopped. If possible, a school nurse should assess injuries. If there is no school nurse in the school or for field trips, designated staff should be trained by a school nurse in first aid for the student. A responsible person should accompany students to the office. Parent should be notified of injuries. A blow to the head, neck, abdomen, or groin may cause internal bleeding and must be assessed promptly by medical personnel and/or parents. **Use Universal Precautions in all cases of First Aid.**

If this happens	Actions to take
1. Nosebleed	<ul style="list-style-type: none"> a. Position sitting with the head upright, slightly forward. b. Apply firm continuous pressure to the nose by pinching the nose for 20 minutes (have student do this if possible). c. Apply a cold pack. d. Call parent to notify of bleeding and possible need for further evaluation.
1. Mouth Bleed	<ul style="list-style-type: none"> a. Apply cold compress with firm continuous pressure 20 minutes. b. Call parent to notify of bleeding and possible need for further evaluation.

APPENDIX L

<p>3. Joint or muscle injury or possible fracture</p> <p><i>Signs/symptoms of bleeding into a joint</i></p> <ul style="list-style-type: none"> • Bubbling, prickly, or tingling feeling in the joint • Feeling of warmth or swelling in a joint • Decreased range of motion, stiffness, pain, or tenderness • Blueness or discoloration of surrounding skin <p><i>Signs/symptoms of bleeding into a muscle</i></p> <ul style="list-style-type: none"> • Gradually intensifying pain, tightness, swelling • Limitation of movement in surrounding joints • Numbness or loss of sensation in the limb • Blueness or discoloration of surrounding skin • Pain in lower abdomen & groin if iliopsoas muscle bleed <p>Student may say “I am having a bleeding episode”. Teacher and staff should watch for change in gait or guarding.</p>	<ol style="list-style-type: none"> a. Notify parent of need for evaluation for possible fracture or hemophilia treatment. b. Immobilize the area of injury/Rest c. Apply ice d. Elevate area of injury e. Follow doctor’s orders regarding compression bandage, supports to immobilize area, medication, and exercise after injury f. Call 911 if possible fracture or severe joint bleed and parent cannot be reached. g. Call 911 if bleed suspected in iliopsoas muscle.
<p>1. Blow injury or fall affecting head, neck, abdomen, groin; possible causing internal bleeding</p> <p><i>Signs/symptoms of internal bleeding:</i></p> <ul style="list-style-type: none"> • Bruising/discoloration/swelling/pain of injured area • Blood in urine (urine may be pink, red, or cola colored) • Vomit or respiratory secretions with red or brown material • Severe headache, irritability, confusion, drowsiness • Trouble swallowing or breathing • Blurred or double vision, vision changes, unequal pupils • Blood in stools (tarry or bloody) <p>Note: slow bleed after trauma may delay symptoms for days.</p>	<ol style="list-style-type: none"> a. Call parent immediately. b. Call doctor or Hemophilia Treatment Center if the parent cannot be reached. c. Call 911 if parent cannot be reached and there has been a blow to the head, neck, or abdomen and as advised by Hematologist. Have student rest and keep student calm. d. Be prepared to treat for shock if needed.

APPENDIX M

Example from National Association of School Nurses: <https://www.nasn.org/home>

EMERGENCY ACTION PLAN FOR A STUDENT WITH HEMOPHILIA

Emergency Action Plan

Date: _____

Student: _____ DOB: _____

IF THIS HAPPENS AND NO NURSE IS IN THE BUILDING:

Nosebleed

DO THIS:

- Use Universal Precautions.
- Notify nurse and/or office.
- Have child sit with head upright, leaning slightly forward.
- Apply continuous pressure to the nose by pinching nose for 20 minutes.
- Apply ice to bridge of nose while pinching.
- Call parent if bleeding not stopped after 20 min.
- If bleeding stops within 20 min, still call parent to inform of bleeding.

Mouth bleed

- Use Universal Precautions.
- Notify nurse and/or office.
- Apply ice, cold compress to area of injury with continuous firm pressure for 20 min.
- Call parent if bleeding not stopped after 20 min of pressure.
- If bleeding stops within 20 min, still call parent to inform of injury and to assess for need of sutures.

Bleeding from cut, scrape, or laceration

- Use Universal Precautions.
- Notify nurse and/or office.
- Clean wound with soap and water.
- Apply pressure and elevate the body part until bleeding stops. Must stop within 20 min or go to (hospital).
- Apply sterile bandage or dressing.
- Apply ice pack to area over dressing to aid clotting and decrease pain.
- Call parent to come if bleeding continues more than 20 min or need for sutures.
- Call parent even if bleeding stops within 20 min or if no need for sutures to inform of injury.
- Call 911 if bleeding continues or is severe or if parent cannot be reached.

If student receives an injury or a fall affecting the head, throat, neck, abdomen, back, or groin area

- Call parent immediately.
 - Call doctor or hospital/care center if the parent cannot be reached.
 - Call 911 if parent cannot be reached and there has been an injury to the head, throat, neck, abdomen, back, or groin area within last week and student complains of pain, swelling, or tightness.
 - Have student rest and keep student calm.
 - Call 911 if signs of irritability, confusion, drowsiness, trouble breathing, sweating, cold, clammy skin, stiff neck, or seizure activity.
 - Apply ice to affected area.
- Signs and symptoms of internal bleeding:*
- Bruising/discoloration/swelling/pain of injured area
 - Blood in urine (urine may be pink, red, or cola colored)
 - Vomit or respiratory secretions with red or brown material
 - Severe headache, irritability, confusion, drowsiness
 - Trouble swallowing or breathing
 - Blurred or double vision, vision changes, unequal pupils
 - Blood in stools (tarry or bloody)
 - Inability to raise the leg on the injured side
 - *Note: A slow bleed after trauma may delay symptoms for days.*

ASCIP Field Trip Guidelines

ASCIP is an acronym for the Alliance of Schools for Cooperative Insurance Programs. ASCIP is a non-profit public agency Joint Powers Authority (JPA) that provides liability, property, workers' compensation, health benefits coverage and school construction insurance to public school districts, charter schools, community colleges, and subsidiary JPAs throughout the state of California. Most school districts in California, including LA County, use ASCIP, and rely on their on their guidance. Below are a few excerpts from the ASCIP Field Trip Guidelines. The full document can be found online at: <https://ascip.org/wp-content/uploads/2016/06/ASCIPField-Trip-Guidelines-Final-Draft-10-23-2015.pdf>

- A decision as to whether or not a student with disabilities can be denied the opportunity to participate in field trips must be made on an individual basis. (See *34 CFR 104.34; Montebello Unified School District, 20 IDELR 388 [OCR 1993]*)
- The District has the burden of demonstrating that the student should not participate. **A student may be denied to opportunity to participate in a field trip, on a case-by-case basis, for safety-related concerns only if:** (See *Quaker Valley [PA] Sch. Dist., 39 IDELR 235 [OCR 1986]* and *North Hunterdon/Voorhees Regional [NJ] High School District, 25 IDELR 165 [OCR 1996]*)

(1) the student's parents/guardians have been notified in advance (See *Mt. Gilead (OH) Exempted Village School District, 20 IDELR 765 (OCR 1993)*) and;

(2) provision of accommodations has

“Remember: Federal law prohibits public schools from excluding students with special health care needs from attending school-sponsored field trips because of their disability.”

been considered as an alternative to mitigate safety-related concerns.

- ◇ Note that parents/guardians of students with disabilities cannot be required to accompany their children on such field trips as a condition of participation by their children (See *Rim of the World Unified Sch. Dist., 38 IDELR 101 [OCR 2002]*)
- ◇ Also note that the Family Educational Rights Privacy Act (FERPA) allows nonconsensual disclosures of information about a student to appropriately designated school officials with a legitimate educational interest in the records maintained by the district. **Field trip volunteers**

meet this criterion, and they may be informed of any medical/health situations related to students for whom they are responsible during the field trip. (See *Letter to Anonymous, 107 LRP 28330 [FERPA Compliance Office 2007]*)

- § CFR 104.34 defines equal access to include settings, academic and nonacademic, that are **offered to students without disabilities. As such, equal access includes equal access to field trips.**
- **All persons on field trips or excursions have waived all claims against Districts.** California Education Code § 35330(d) states that “All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or

the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims.”

- **Districts may be liable for non-supervision of students because there is no discretion not to supervise them.**

California Government Code § 815.6 states that “Where a public entity is under a mandatory duty imposed by an enactment that is designed to protect against the risk of a particular kind of injury, the public entity is liable for an injury of that kind proximately caused by its failure to discharge the duty unless the public entity establishes that it exercised reasonable diligence to discharge the duty.”



APPENDIX O

Child Care And Preschool In California

■ CHILD CARE

In California, operators of child care (daycare) facilities are required to be licensed if they care for children from more than one family who are not related to them. Licensing of child care businesses is handled through the Child Care Licensing Division (CCLD) of the Department of Social Services (DSS). Operating a child care facility without the required license can result in significant penalties. Although you may be tempted to use an unlicensed home child care facility, try to use a licensed facility instead! Licensing helps ensure that child care facilities meet minimum health and safety standards that are designed to help protect your child.

■ WHAT TYPES OF LICENSED CHILD CARE ARE AVAILABLE IN CALIFORNIA?

California recognizes two types of child care: *child care centers* and *family child care homes*.

Child Care Centers

A child care center (or daycare center) is usually located in a commercial building (meaning not in a private home). Nonmedical care and supervision is provided in a group setting for periods of less than 24 hours.

Family Child Care Homes

A family child care home must be in the owner's own home. A family child care home has a home-like environment where nonmedical care and supervision is provided for periods of less than 24 hours. Family child care homes are also classified as being either...

- **small family child care homes**, which can provide care to no more than eight children; and
- **large family child care homes**, which can provide care to no more than 14 children.



■ LICENSE-EXEMPT CHILD CARE

Several types of child care providers in California are classified as *license-exempt caregivers*, meaning that they do not require a license, so they are not subject to the same health and safety standards as the licensed caregivers. These caregivers can provide care in a variety of settings and include the following:

- relative caregivers
- nannies
- babysitters
- before/after school programs
- parent child care co-ops
- programs operated by state agencies other than Community Care Licensing
- employer-operated child care centers

Comparison of Child Care Homes and Child Care Centers

	Family Child Care Home	Child Care Center
Caregivers/Teachers	Small staff: 1 to 4	Large staff: as many as 30+
Facilities	Small facilities (usually owner’s home)	Usually, commercial buildings
Number of Children*	Few: 3 to 14	Many: 20 to 150+
Age Range	Infant to school age	Infant to school age
Age Groups	Mixed age groups with children of different ages	Separate age groups (ex: babies in one group, preschoolers in another)

*Maximum number of children and staffing ratios vary by age of children being supervised.

■ PRESCHOOL

The words “preschool” and “daycare” or “child care” are often used interchangeably among parents, but preschools differ from child care and daycare programs.

One difference is the **age range of children served**. Child care programs usually accept children in the age range of about six weeks and older, while preschool is typically for children aged two to five.

Another difference involves **hours of operation**. Child care programs are focused on meeting the needs of working parents, and are normally open from the early morning until the early evening (often for 12-hour days). Although a few preschools have long hours similar to child care programs, most have short hours and often break down their services into two, separate, three-hour long AM and PM sessions.

Objectives of the programs also differ. In a preschool program, *learning pre-academic skills is the main objective*. In child care, the *focus is much more on games, free play, and socialization*.

Licensing is required for both preschool and child care, but the requirements for licensing are very different, with licensing for preschool being much more thorough.

The **minimum caregiver/teacher requirements** also vary between the two programs. In general, home child care providers are self-employed, and there are no minimum education requirements for the caregivers. (There may be some low-level requirements if the child care provider accepts certain types of public funding, which most do not.)

On the other hand, preschool teachers are employees of the organization offering the program, often the local school district. Most preschool programs in California are either fully or partially publicly funded using a mix of federal, state, and local funding.¹ California has three main publicly funded preschool programs:

- (1) California State Preschool Program (CSPP);
- (2) Head Start, and;
- (3) Transitional Kindergarten (TK).

1. For an excellent discussion of California’s preschool programs and funding sources, read the Learning Policy Institute’s report, *Understanding California’s Early Care and Education System*: https://learningpolicyinstitute.org/sites/default/files/product-files/Understanding_CA_Early_Care_Education_System_REPORT.pdf

Every California public school district that offers kindergarten classes is required to offer TK classes, but the grade itself isn't mandatory—in other words, your child is not required to attend TK. California is an opt-in state, meaning that you must enroll your child in TK (they are not automatically enrolled). (TK is available for kids whose fifth birthday falls between September 2 and December 2 of the school year.)

Enrollment for TK or kindergarten usually begins in March of the year before your child starts school, and continues throughout the school year. To register your child for TK, you'll need to visit your child's school to pick up and complete an enrollment packet, which usually includes a request for vaccination records, proof of residency, emergency forms, and medical forms.

What's the difference between TK and kindergarten? Kindergarten is meant to prepare students for first grade, while TK offers kids the chance to get exposed to academic concepts without needing to master them.²

Minimum teacher education requirements for these programs vary from a teaching credential and 24 Early Childhood Education (ECE) units for TK teachers to 24 ECE units plus 16 general education units for California state preschool teachers. A dozen programs in California provide funding for preschools. Schools that participate in any or several of these programs are required to meet the highest of the programs' minimum teacher education requirement.



2. Included in Governor Gavin Newsom's proposals in his May 14, 2021, updated budget is \$2.7 billion in funding to create a new grade—TK—available for all California four-year-olds by 2024–25. His budget proposal is very close to Assembly Bill 22 (still in committee as of March 2022), which also proposed a universal rollout of TK in California: https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB22

APPENDIX P

Questions To Ask A Potential Child Care Provider

- Is the program licensed? (Ask to see the license. If not licensed, ask why, and then check your state's licensing regulations to make sure the program is not required to be licensed.)
- What is the staff turnover rate at the program? (If staff often choose to stop working there, this can be a sign that the program is not well managed, and that your child may not have consistent care. Having the care of a consistent, kind adult who knows your child's individual needs is important.)
- Have all adults working in the program had state and national background checks, including fingerprinting?
- How many children are cared for at the facility at any one time?
- Does the program have an appropriate number of adults looking after each group of children? (This is called the "child-to-adult ratio." Recommended ratios are usually lower for younger children. For example, the American Academy of Pediatrics recommends that child care centers have no more than three infants under age 12 months per adult.)
- Are children, including infants, supervised at all times, even when they are sleeping?
- Does the director (of a child care center) have a college degree in child development or a related field? Do teachers (or the owner and operator of a family child care home) have a credential or college degree in early childhood education or a related field?
- Do all adults in the program receive ongoing training in working with children and child development?
- What are the hours of operation?
- What are the pick-up and drop-off times?
- What are the fees and admission policies?
- Does the program require a family contract? (Have you seen and do you agree with the child care program's contract and policies? Every high-quality child care program will have a written contract and policies.)
- Is parent involvement encouraged or required?
- Are visits from parents allowed and encouraged anytime the child care program is open? (If you are not allowed to visit at any time, without calling ahead, this is not the best program for your child, and you should consider a different program.)
- What is the educational philosophy of the program?
- What form of discipline do you use? (Is there a written discipline policy that explains how child behavioral problems are handled? Do discipline techniques included in the policy teach and guide children rather than punish them? For example, does the policy make it clear

that there will be no spanking, humiliating, or excluding children? How does the program make sure that techniques are used in ways that are clear, consistent, and fair?)

- What would a typical day be like for my child?
- How does the program keep parents informed about their child's time in care? (Will you get daily updates on how your child is doing and what your child has been learning?)
- How do you help children feel secure and comfortable when they first begin your program, or when they are sad?
- Can you show me your main play areas, inside and outside? (Is the outside play area safe for children? Is the area enclosed and safe from traffic? Is the area clean, well maintained, and free of standing water?)
- Is the environment safe, clean, and well maintained? (For example, are safe cribs provided for each infant, and does the program follow safe sleep guidelines? Are electrical outlets covered? Are medicines and dangerous items, including cleaning supplies, kept out of the children's reach?)
- What items must be brought from home (food, toys, change of diapers, change of clothes, toothbrushes, etc.)?
- Are nutritious snacks and meals given to children at appropriate times? (For example, children under six should be offered food every two to three hours. Food should be safe and developmentally appropriate—for example, no foods that are choking or allergy hazards.)
- Does the program keep a list of names of people who may pick up my child?
- Does the program keep telephone numbers for home, work, spouse's work, doctor, and neighbor?
- Does the program have a written plan



Ask the Right Questions

for responding to emergencies and disasters like fire or earthquakes? What is the plan for family reunification?

- Does the program conduct regular fire drills?
- How does the program accommodate medical issues and/or special dietary needs?
- Is someone always present who has been trained in pediatric first aid and CPR? Do staff know how to respond to an allergic reaction? Is a first aid kit available? Are the adults in the program trained in how to prevent injuries?
- How will children be cared for if they get sick while at the facility?
- Does the program verify that all enrolled children have received their recommended immunizations? Does the program keep records to show that all children are up-to-date on their required immunizations?
- Is there a planned schedule for each day or week that encourages learning and includes active and quiet play, group and individual learning activities, rest time and meal times?
- Does the program have a planned

schedule for each day and week that includes age appropriate indoor and outdoor activities to encourage learning? Are there activities that prepare children to learn early reading, writing, math, and science? Do adults read to children or encourage children to explore books at least twice a day?

- Does the program help with toilet training?
- For children who are disabled, is the program willing to partner with a child's early intervention program or special education provider? Will the staff allow other providers to enter the classroom and make suggestions? How does the program work together with parents and the child's other providers?
- And finally, walk around the facility and observe how staff interact with the children. Does the program feel warm and welcoming? Are the children happily engaged in activities?
- Do the adults seem to enjoy working with and caring for the children? Are they actively involved with the children, and do they pay attention to the needs of each child?

This list of recommended questions to ask a potential child care provider is adapted from...

- ChildCare.gov, *Selecting a Child Care Program: Visiting and Asking Questions:* <https://www.childcare.gov/index.php/consumer-education/selecting-a-child-care-programvisiting-and-asking-questions>
- California Department of Social Services, *Parent's Guide to Choosing Child Care:* https://www.cdss.ca.gov/Portals/9/Additional-Resources/Researchand-Data/DSSDS/030119%20Parent's%20Guide%20to%20Choosing%20Child%20Care_Revision%20Safe%20Sleep.pdf



APPENDIX Q

High School	[REDACTED] SCHOOL DISTRICT Educational Equity Compliance Office		
SECTION 504 PLAN Page 1 of 1			
Student ID	[REDACTED]	Date	[REDACTED] 3 Year Re-Evaluation Due [REDACTED]
Last Name	[REDACTED]	First Name	[REDACTED] Grade [REDACTED]
School	[REDACTED]	Educational Service Center [REDACTED]	
Student's Primary Language	[REDACTED]	English Language Development Level [REDACTED]	
PHYSICAL/MENTAL IMPAIRMENT			
Student has the following physical or mental impairment(s): <u>Moderate Hemophilia A</u>			
> ACCOMMODATIONS			
<input type="checkbox"/> State/District testing accommodations are not required. <input checked="" type="checkbox"/> State/District testing accommodations are required and identified in the Related Accommodation section below. <input type="checkbox"/> Behavioral accommodations are not required. <input type="checkbox"/> Behavioral accommodations are required and identified in the Related Accommodation section below.			
> Identified Need	> Related Accommodation	> Responsible Individual(s)	
Moderate Hemophilia A Moderate Hemophilia A Moderate Hemophilia A Moderate Hemophilia A Moderate Hemophilia A Moderate Hemophilia A Moderate Hemophilia A	← Note: This column should identify the general type of accommodation, such as attendance, tardiness, etc., not the type of bleeding disorder. No high impact, constant contact sports or activities Short breaks and/or icing joints when experiencing joint pain. Provide adequate time to submit classwork and homework due to absences related to [REDACTED] medical condition. Allow to go to School Nurse's office, as needed. Extended time to go from one class to another, if needed. Allow to carry and use cell phone to contact parent regarding health issues, if needed. Allow to store medications and supplies in refrigeration on campus in School Nurse's Office.	Teachers Teachers, School Nurse Teachers Teachers Staff Staff School Nurse	
PARENTAL CONSENT			
<input checked="" type="checkbox"/> I have been provided a copy of the Section 504 Plan developed for my child and the notice of Section 504 Parent Procedural Safeguards.			
<input checked="" type="checkbox"/> I participated in the Section 504 team meeting.			
<input checked="" type="checkbox"/> I consent to the Section 504 Plan		<input type="checkbox"/> I do not consent to the Section 504 Plan <input type="checkbox"/> I refuse consent to the Section 504 Plan and understand that it will not be implemented for my child. <input type="checkbox"/> I disagree with the Section 504 Plan and seek resolution of the following concern(s):	
Parent Signature	[REDACTED]	Date	[REDACTED]

Form 8: Section 504 Plan
 Attachment: Form 2: Section 504 Parent Procedural Safeguards

APPENDIX Q

[REDACTED] SCHOOL DISTRICT
Educational Equity Compliance Office

NOTICE OF SECTION 504 ELIGIBILITY DETERMINATION

Student ID	[REDACTED]	504 Evaluation Meeting Date	[REDACTED]
Last Name	[REDACTED]	First Name	[REDACTED]
School	[REDACTED]	Educational Service Center	[REDACTED]
Student's Primary Language	[REDACTED]	English Language Development Level	[REDACTED]

Date: December 20, 20 [REDACTED]

Dear [REDACTED] *(Mother)*
Parent/Guardian

- The Section 504 team met to evaluate your child to determine if he/she has a mental/physical impairment that substantially limits a major life activity and requires accommodations/services under Section 504 and concluded the following:
- Your child meets the criteria as disabled under Section 504, is eligible for nondiscrimination protections, and does require accommodations/services as documented in the attached Section 504 Plan.
 - Your child meets the criteria as disabled under Section 504, is eligible for nondiscrimination protections, but does not require accommodations/services in a Section 504 plan at this time.
 - Your child does not meet the criteria as disabled under Section 504, is not eligible for nondiscrimination protections, and does not require accommodations/services in a Section 504 plan.
- The Section 504 team met to determine if there is a direct link between your child's conduct and disability and/or whether the conduct is a result of the District's failure to implement the Section 504 plan and concluded the following:
- Your child's conduct was caused by, or directly and substantially related to your child's disability.
 - Your child's conduct was a direct result of the school's failure to implement the Section 504 plan.
 - Your child's conduct was not caused by, or directly and substantially related to the disability, or a direct result of the school's failure to implement the Section 504 plan.

The District encourages and facilitates informal complaint resolutions. Parents have the right to appeal/disagree with the school site's decisions with regard to the identification, evaluation, or accommodations/services of students under Section 504, including the right to request an informal mediation or impartial hearing. Please consult the attached *Section 504 Parent Procedural Safeguards* for other appeal options.

Appeals/requests must be put in writing and sent to either:

Educational Service Center - <u>COS</u> _____ _____ Phone: [REDACTED]	District Section 504 Coordinator [REDACTED]
--	--

Sincerely,

[REDACTED] Assistant Principal School Section 504 Designee	[REDACTED] Phone
--	---------------------

Form 9: Notice of Section 504 Eligibility Determination
Attachment: Form 2: Section 504 Parent Procedural Safeguards

APPENDIX Q

[REDACTED] SCHOOL DISTRICT
Educational Equity Compliance Office

SECTION 504 PLAN DISTRIBUTION NOTICE			
The following student requires that accommodations be implemented as documented in the attached Section 504 Plan.			
Today's Date	[REDACTED]		
Student ID	[REDACTED]		
Last Name	[REDACTED]	First Name	[REDACTED]
School	[REDACTED]	Educational Service Center	[REDACTED]

From:	Ms. [REDACTED] Administrator/Section 504 Designee
-------	--

To Responsible Personnel Listed Below:		
Last Name	First Name	Title
[REDACTED]	[REDACTED]	Teacher
[REDACTED]	[REDACTED]	Assistant Principal
[REDACTED]	[REDACTED]	Counselor
[REDACTED]	[REDACTED]	School Nurse

The [REDACTED] School District is committed to providing a working and learning environment that is free of discrimination, harassment, intimidation and bullying. The District affirms that no qualified student with a disability shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination, harassment, intimidation and bullying under any District program or activity. The denial of equal access to District education programs and/or activities and/or the denial of a "free appropriate public education" (FAPE) on the basis of a student's disability (ies) is considered disability-based discrimination under federal and state law.

The Section 504 Plan is a legal document and must be implemented as written. Disregard of the protected rights of students with disabilities may result in a complaint investigation and ruling by the United States Department of Education, Office for Civil Rights (OCR) and/or disciplinary action. Additionally, personal civil suits may be filed on behalf of students against individual District employees who fail to comply with Section 504 mandates.

If you have any questions, or concerns regarding the student's accommodations or the District's obligation under Section 504 of the Rehabilitation Act, please contact me to discuss.

APPENDIX Q

[REDACTED] SCHOOL DISTRICT
Educational Equity Compliance Office

REQUEST FOR SECTION 504 EVALUATION and CONSENT

Pursuant to Section 504 of the Rehabilitation Act of 1973, the District has a duty to identify, refer, evaluate, and if eligible provide a free appropriate public education to disabled students. For additional information regarding Section 504, please contact your School's Section 504 Designee: [REDACTED] AP at (Ph) [REDACTED] or you may call the District's Educational Equity Compliance Office at (213) 241-7682.

Student ID: [REDACTED]		Date: [REDACTED]	
Last Name	[REDACTED]	First Name	[REDACTED]
School	GARFIELD SH COSCI MG	Educational Service Center	[REDACTED]
Student's Primary Language	[REDACTED]	English Language Development Level	[REDACTED]

Parent(s)/Guardian(s)			
Home Address			
Home Phone	[REDACTED]	Cell Phone	Work Phone

What is the reason for the request? (Clarify Student's needs and area(s) of concern)
Student has moderate hemophilia A. Student may be absent due to spontaneous bleeds in joints, injuries that may cause internal bleeding, student may require extra time in submissions, wife in case is absent from school due to bleeds

What major life activity is substantially limited? (Check all that apply below.)

<input type="checkbox"/> Learning	<input type="checkbox"/> Seeing	<input type="checkbox"/> Bending	<input type="checkbox"/> Brain function
<input type="checkbox"/> Reading	<input type="checkbox"/> Hearing	<input type="checkbox"/> Standing	<input type="checkbox"/> Reproductive function
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Eating	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Circulatory function
<input type="checkbox"/> Working	<input type="checkbox"/> Speaking	<input type="checkbox"/> Bowel function	<input type="checkbox"/> Neurological function
<input type="checkbox"/> Thinking	<input type="checkbox"/> Breathing	<input type="checkbox"/> Bladder function	<input type="checkbox"/> Normal cell growth
<input type="checkbox"/> Communicating	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Digestive function	<input type="checkbox"/> Functions of immune system
<input type="checkbox"/> Lifting	<input type="checkbox"/> Walking	<input type="checkbox"/> Endocrine function	<input type="checkbox"/> Respiratory function
		<input type="checkbox"/> Caring for one's self	<input type="checkbox"/> Other:

Are there current medical records, outside agency reports, prior school evaluations, etc., that would assist the team in evaluating the student? No Yes

Check all that apply:	Provide an explanation for each item as applicable:
<input type="checkbox"/> Prior Special Education Evaluation	
<input checked="" type="checkbox"/> Medical/Health Records	
<input type="checkbox"/> Grades/Standardized Test Scores	
<input type="checkbox"/> Language Surveys	
<input type="checkbox"/> Assessments/Data	
<input type="checkbox"/> Disciplinary Referrals	
<input type="checkbox"/> Outside Agency Reports	
<input type="checkbox"/> Other	

Who is the individual making the request?

Name	[REDACTED]	Relationship	<i>Mother</i>
------	------------	--------------	---------------

Additional information may be necessary to determine your child's needs and whether he/she may be eligible for protections, accommodations, or services under Section 504. Evaluation may include but is not limited to: reviewing existing school records, observations, prior testing, work samples, grades, standardized test scores, and other data. Please review the enclosed "Section 504 Parent Procedural Safeguards." If you consent to the evaluation please check "I consent." If you do not consent to the evaluation, please check "I do not consent."

Check one of the following:
 I consent I do not consent

Parent Signature	[REDACTED]	Date	[REDACTED]
------------------	------------	------	------------

Return this form to the School Section 504 Designee. Attach any supporting documentation.

For Office Use Only	
Received by:	Date:

Form 1: Request for Section 504 Evaluation and Consent
 Attachments: Form 2: Section 504 Parent Procedural Safeguards
 Form 4: Section 504 Parent Input Form

APPENDIX R

[NAME] SCHOOL DISTRICT SECTION 504 OF THE REHABILITATION ACT OF 1973 SECTION 504 PLAN

Student Name: _____ DOB: _____ Student I.D.: _____
Date: _____ Purpose: _____ Initial: _____ Triennial: _____ Addendum: _____
School of Residence: _____ School of Attendance: _____ Grade: _____
Parent/Guardian Name: _____ Primary Telephone: _____
Address: _____ Mom's Cell phone: _____
Primary Language: Home - _____ Student - _____ Ethnicity: _____
Next Review Date: _____ Next Re-evaluation Date: _____
Disability: *Glanzmann's Thrombasthenia* Initial Eligibility Date: _____

Student's Medications: Saline Nasal Gel, Afrin nasal spray, Bleed Cease, Amicar, Thrombin, NovoSeven injection

Administered at School Yes No

Who Administers Medications: *Trained assistive personnel, trained staff* When: *As needed for bleeding or trouble breathing* Where: *Health Office.*

Section 504 Plan Medical Accommodations Plan attached Yes No

COMMITTEE RECOMMENDATIONS:

- Initial Program Continue in present program
 Modify regular program (See attached Service Plan, Part II) Exit program
 Refer to Special Education Assessment Team
 Other (explain): _____

The following individuals have participated in the recommendations as noted above in accordance with required procedures of Section 504 of the Rehabilitation Act of 1973.

Parent: _____ Administrator: _____
School Nurse: _____ Student: _____
Member/Title: [Name], *Teacher* Member/Title: [Name], *Health Clerk*
Member/Title: [Name], *Counselor* Member/Title: [Name], *PE Teacher*

I have been informed of and understand my rights under Section 504: Yes No

- I Agree with the contents of this 504 Service Plan.
 I Agree with the contents of this 504 Service Plan, except for:
 I Do Not Agree with the recommendations included in the 504 Service Plan.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

APPENDIX R

[NAME] SCHOOL DISTRICT SECTION 504 OF THE REHABILITATION ACT OF 1973

Page 2 of 5

SERVICE PLAN

Student Name:

Student ID Number:

Date:

The following accommodations and/or services offer the least restrictive environment to meet the student's needs.

No 1. Accommodation/Service

Area of Difficulty:

PROVISION OF CARE

1. Medical orders will be followed as written.
2. Student will be monitored by teacher and appropriately trained staff, while on campus.
3. The teacher will receive training that will include a general overview of her medical disorder and care. Typical health care needs of a student will be discussed as well as how and when to immediately contact either the health clerk, school nurse or another staff trained in her medical management.
4. Parents and the school nurse will work together within the first 2 weeks of school to educate [Name] teachers about her diagnosis, general presentation, and medical needs.
5. It is advised that [Name] wear a Medic-Alert bracelet at all times except in situations where doing so could cause potential injury.

LOCATION OF SUPPLIES AND EQUIPMENT

1. Medications and spare supplies will be kept in the health office and after-school program. Gauze and gloves will be supplied for the classroom and PE.
2. [Name] has orders to use a wheelchair and or mobility scooter as needed on campus.
3. [Name] may come to school with an IV in place. It will be wrapped up securely and is typically located on her hand.

ATTENDANCE

1. [Name] absences will be medically excused if related to her bleeding disorder and her asthma for up to 3 days without a medical note. After 3 days, her absences may be excused, but not medically, unless parents bring in a doctor's note.

EXERCISE & PHYSICAL ACTIVITY

1. The student shall be permitted to participate fully in physical education classes except as indicated in the student's medical orders. [Name] should avoid contact sports and climbing unassisted per her medical team.
2. [Name] should be closely supervised on the playground. Please keep a safe distance to be able to redirect but not to shadow too closely.

Desired Outcome:

Date: 09/05/20

Overall desired outcome:

Maintenance of safety and stabilization of any medical concerns.

Provide [Name] the same opportunity to access the academic curriculum and demonstrate comprehension as students without disabilities.

APPENDIX R

3. PE instructors must have a copy of the *emergency action plan* and be able to recognize and assist with the treatment of any injury.
4. Responsible school staff will make sure that the spare gloves, and gauze, is always available in class and PE.

WATER AND BATHROOM ACCESS

1. The student shall be permitted to have unrestricted and immediate access to bathroom, water and health office.

MONITORING AND MEDICATION ADMINISTRATION

1. When the student asks for assistance or any staff member believes the student is showing signs of bleeding, the staff member will immediately seek assistance from the health clerk, nurse, or trained staff while making sure an adult stays with the student at all times. Never send the student alone with symptoms of bleeding or trouble breathing.
2. Any staff member who finds the student having signs of diminished consciousness will immediately call 911 and contact the health office. The health clerk or trained personnel will follow the classroom health care plan and emergency plan.

FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES

1. The student will be permitted to participate in all school sponsored activities and field trips without restriction and with all of the accommodations and modifications, including necessary supervision by identified school staff, set out in this plan. She will not be excluded from activities without prior written consent from parents, unless it conflicts with a current doctor's note.
2. Parents may accompany the student on field trips or any other school activity if they desire.
3. Trained staff and/or school nurse will be available on site at all school sponsored field trips, and extracurricular activities, will provide all usual aspects of care and will make sure that the students medications and supplies travel with the student.

TESTS AND CLASSROOM WORK

1. If the student is having symptoms such as dizziness, fatigue, etc., the student will be permitted to take the test at another time without penalty.
2. If the student needs to take breaks to drink water or use bathroom, during a test or other activity, the student will be given extra time to finish the test or other activity without penalty.
3. The student shall be given handouts/instructions to help make up any

APPENDIX R

classroom instruction missed due to medical care without penalty.

4. Allow the student to make up any work if missed due to medical care. The number of days absent plus one will be allowed for make-up.
5. All make-up work needs to be turned in 5 days prior to the end of the trimester in order to receive credit.
6. The student shall not be penalized for absences required for medical appointments and/or for illness. The parent will provide documentation from the treating health care professional if otherwise required by school policy.

COMMUNICATION

1. Parents will notify the health office of changes in her health condition, medical orders and provide a current copy of medical orders to health office prior to first day of school and throughout the school year if orders change.
2. Parents will notify attendance office of absences and specify if they are medically related.
3. The teacher, health clerk, and trained staff will provide reasonable notice, 2 weeks, to parents and school nurse when there will be a change in planned activities such as exercise, playground time, and field trips.
4. Each substitute teacher, school nurse, and health clerk will be provided with written instructions regarding student's medical care.

EMERGENCY EVACUATION & SHELTER-IN-PLACE

1. In the event of an emergency evacuation or shelter-in-place situation, the students 504 Plan and medical orders will remain in full force and effect.
2. The school nurse or trained staff will provide medical care to the student as outlined by this Plan and students *care plans*. They will be responsible for transporting the student's medications and supplies, will attempt to establish contact with the student's parents and provide updates and will receive information from parents regarding the student's medical care.

911 AND PARENTAL NOTIFICATION REQUIRED IMMEDIATELY FOR THE FOLLOWING:

1. Serious injury (large wound, head injury, etc.)
2. A large or excessive amount of bleeding lasting more than 10 minutes with firm pressure applied.
3. Large or excessive amounts of bleeding.
4. Pale skin, clammy (cool and sweaty), decreased level of consciousness, or any signs of distress.

APPENDIX R

[NAME] SCHOOL DISTRICT SECTION 504 OF THE REHABILITATION ACT OF 1973

Page 5 of 5

COMMITTEE SUMMARY

Name: _____ **DOB:** _____ **Grade:** _____

School: _____ **Student Permanent Number:** _____

Participating Committee Members

Parent/Guardian Date Administrator/Designee Date

Parent/Guardian Date Student Date

Teacher Date School Nurse Date

Member/Title Date Member/Title Date

Summary of Discussion:

Parent Rights given.
Introductions made.
Discussed purpose of the meeting.
Reviewed 504 accommodations, health care plan, emergency plan, and made a few changes as necessary.
Discussed field trips and having good communication between staff, nursing, and parents.
Discussed concern with ball play and modified the care plan.
Discussed emergency accommodations and risk for safety concerns and how to accommodate her on the playground. Discussed needing a 1:1 for recess/lunch time. Principal working on getting 1:1 supervision for lunchtime.

Signature of Person Completing Form Date

APPENDIX S

504 plan; von Willebrand Disease, High School Senior

Student Number: _____

Page 5 of 6

SCHOOL DISTRICT

VI. Service Plan

Area(s) of Difficulty	Regular or Special Education, Related Aids and Services and/or Accommodations/Modifications	Person(s) Responsible	Start/End Date
<p>Von Willebrand's Disease. (A bleeding disorder that affects the blood's ability to clot and may result in heavy bleeding after an injury)</p>		School	
	Extra set of books	School	
	May leave class/use restroom at her discretion.	Teacher	
	may scan her H.W. to her teachers as needed.	Teacher / student	
	At teacher's discretion, H.W. may be modified.	Teacher	
	Exams may be taken at an alternative location	Teacher / student	
	An exam can be taken up to <u>10</u> days from the date of return for full credit.	Teacher / student	
Late work post absence will be accepted up to <u>10</u> days from the date of return for full credit.	Teacher / student		

Distribution: White-District Section 504 Yellow-School File Pink-Parent

APPENDIX T

There is no standard **504 plan** for schools to use. This form shows you an example of what could be included in a 504 plan. A 504 plan should be tailored to your child's needs.

Keep in mind the school is allowed to use its own form or not use a written 504 plan at all. In these cases, you can still use this sample plan to take notes and organize your thoughts.

School Name: _____

Student Name: _____ Date of Birth: _____ Grade: _____

Qualifying Disability: _____ Date Plan Written: _____

Date Plan Goes Into Effect: _____ Date Plan to Be Reviewed: _____

Documentation of Disability (see attached):

504 Team Members	Title	Contact Information
	Administrator	
	General education teacher	
	Related service provider	
	Parent	
	Other:	
	Other:	

TEACHER EDUCATION AND SUPPORT

- _____

- _____

- _____

- _____

APPENDIX T

Sample 504 Plan

Page 2 of 2

ACCOMMODATIONS AND/OR SERVICES			
Area of Educational Need	Accommodation or Service	Person(s) Responsible for Implementing	Frequency of Accommodation or Service

NOTES

Date Approved: _____

Understood

APPENDIX U

From New York City Department of Education <https://infohub.nyced.org/docs/default-source/default-document-library/504-accommodation-plan.pdf>

Section 504 Accommodation Plan*

School Year: _____

School DBN and Name: _____

Date of 504 Team Meeting: _____

**For students with diabetes who require accommodations, utilize the Section 504 Plan Diabetes Template.*

This Plan will be reviewed as needed and before the end of each school year and, if necessary, amended at the time of the review. Parent/guardian will inform the 504 Coordinator of any changes to the student's disability at any point during the school year that may require review of this Plan.

504 Coordinator will complete this Plan with 504 Team (including parent/guardian) input and based upon relevant documentation (e.g., reports, evaluations or diagnoses provided by the student's parent/guardian, student's grades, disciplinary referrals, health information, language surveys, parent/guardian information, standardized test scores, and teacher comments).

Student & Family Information	
Student Name	Disability/Diagnosis: <i>(from Medical Accommodations Request Form)</i>
OSIS #:	Classroom/Homeroom Teacher:
Parent/Guardian Preferred Spoken Language:	Grade:
Home Address:	Paraprofessional (if applicable):
DOB:	
Emergency Contact Detail	
<u>Contact 1</u>	<u>Contact 2</u>
Name:	Name:
Relationship to Student:	Relationship to Student:
Home Phone Number:	Home Phone Number:
Work Phone Number:	Work Phone Number:
Cell Phone Number:	Cell Phone Number:

Emergency Contact Instructions: In the event of emergency, the student's Plan and MAF (if relevant) will remain in effect.

APPENDIX U

504 Team Information

Name	Role
1.	504 Coordinator
2.	Parent/Guardian
3.	
4.	
5.	
6.	

Services & Accommodations

504 Coordinator enters all authorized Services & Accommodations, specifies the accommodations to be provided (e.g.: *Test Accommodations – smaller setting with no more than 12 students, extended time to 1.5, 5 minute break every 30 minutes*), and marks any fields not applicable N/A.

Accommodation and Description of Accommodation
<input type="checkbox"/> ACCESSIBLE SITE
<input type="checkbox"/> AIR CONDITIONING
<input type="checkbox"/> AMBULATION ASSISTANCE
<input type="checkbox"/> ASSISTIVE TECHNOLOGY
<input type="checkbox"/> CLASSROOM ACCOMMODATIONS

APPENDIX U

Accommodation and Description of Accommodation (Continued)

HEALTH PARAPROFESSIONAL

ELEVATOR PASS

EPI-PEN

RESTRICTED ACTIVITY

SAFETY NET (High School only)

TESTING ACCOMMODATIONS

TRANSPORTATION (*As approved by OPT. Consult with school's Transportation Coordinator*)

OTHER - Please describe:

APPENDIX U

School Responsibilities

Indicate staff who will provide each accommodation

Accommodation	DOE School Staff Name	DOE Title	Responsibilities (if not specified above)
1.			
2.			
3.			
4.			
5.			

I have received the DOE Notice of Non-Discrimination under Section 504 and Notice of Eligibility. By signing, I consent to the provision of accommodations to my child as written above.

Approved and received:

Parent/Guardian

Date

Approved and received:

School Administrator/504 Coordinator and Title

Date

APPENDIX V



List of HFSC-Recommended 504 Plan Reasonable Accommodations

Note: Every child is different. When writing your 504 plan, select only the accommodations that apply to your child. Do not use this list of accommodations as a checklist.

■ ATTENDANCE RELATED

- All absences for medical reasons, with correct paperwork, will be excused
- My child doesn't need a doctor's note every time she misses school Note: For a parent to excuse absences of more than three days without a doctor's note, a Chronic Illness Verification (CIV) form must be obtained from the school district and completed by the student's physician and the parent.

■ TARDINESS RELATED

- Extended time for traveling around campus between classes
- Early dismissal from class to get to next class
- My child will not be penalized for tardiness because of infusion issues at home

■ HEALTH RELATED

- My child's IHP (Individualized Health Plan) will be made part of the 504 plan
- Internal bleeding may not be obvious to onlookers, so if my child is not feeling well or thinks a bleed is happening,

immediate access (a permanent pass) to the health office must be guaranteed

- Another student must accompany my child to the health office if a bleed is suspected
- Clotting factor, medication, supplies, needles, tampons, and pads will be kept at the health office

Note: Starting in the 2022–23 academic year, a new California law called the Menstrual Equity for All Act of 2021 requires public schools with students in grades 6–12, community colleges, and the California State University System to provide free menstrual products in restrooms.

- A private location will be provided for my child to administer factor
- All staff and teachers will keep my child's diagnosis confidential; medical issues will not be discussed in class
- My child will be allowed to leave the room to text me with questions if there's a health issue
- My child will have unlimited access to the bathroom, without question

■ HOMEWORK/CLASSWORK RELATED

- Extended time for homework makeup

- Extra time on tests, quizzes, and homework, as needed and agreed upon by teacher and student
- My child’s teacher will email me regularly, or use the district student/parent portal, to post assignments.

Note: Many schools now use some kind of cloud-based content management software (CMS), sometimes called a student/parent portal. CMS includes Edlio, Educational Networks, School Loop Plus, and Schoology (used by Los Angeles Unified School District). These programs have websites containing many features designed to increase teacher/parent/student interaction. For listing homework, teachers usually have a web page for each class they teach.

The class web page normally has an assignment calendar; teachers can upload assignments to the web page, where they can be seen and downloaded by students. Or a teacher can send an assignment to a single student. Depending on the software, a teacher may also be able to upload an audio or video recording of the day’s lesson. (Some programs, such as the free version of School Loop, are limited in what they offer.)

For schools that do use CMS, use of the system is sometimes optional for teachers. If use of CMS is not mandatory for teachers at your child’s school, request an accommodation that your child’s teacher use the system, at least to post assignments.

- During student absences, teachers’ notes will be emailed to my child or posted on the student portal
- My student will be given an extra set of books to keep at home, or digital copies of books

**“Remember:
Accommodations are
changes that remove
barriers to learning. They
‘level the playing field’ for
children with disabilities.
They do not, as some
people (and some
teachers) believe, give
your child an unfair
advantage over
other students.”**

Note: Most major school textbook publishers provide digital books that may be downloaded or read online. (Pearson, the largest educational book publisher in the US, is phasing out its traditional print version of books in favor of digital textbooks.) If your child’s teacher doesn’t know about digital books, contact your school’s textbook manager, a position usually held by one of the library staff.

■ MISCELLANEOUS

- My child will not be excluded from any school activity without prior written consent from me
- My child will be allowed to participate in all PE activities (Optional: except for a contact sport like ...)
- Modified PE class
- PE credits will be given for out-of-school physical therapy
- Tutoring will be provided if my child has extended absences; see Home and Hospital Instruction Program: <https://www.cde.ca.gov/sp/eo/hh/>
- A parent, guardian, or school nurse will travel with my student on field trips
- My child will have a permanent pass/key for elevator where needed
- Seating assignment in the classroom will allow my child easier access in and out of class
- My child will have seating near the front of the class
- Freedom to quietly get up to use the restroom whenever needed (without having to explain why)
- Practice with emergency exits from school building
- Assistance provided to carry books and/or lunch tray
- Accessible locker placement (lower or upper locker)
- In science lab, the desk will be low enough to accommodate a wheelchair
- My child may bring a friend when spending time in the office instead of at recess
- My child may carry and use a cell phone to contact me for emergencies, even during class time
- My child will be placed first in line
- Access to the learning center, as needed
- If a disagreement or fight happens at school, dispute resolution between the students will be used instead of formal disciplinary action

Please contact HFSC if you have additional accommodations in your 504 plan that are not included on this list, as we are constantly looking to expand this resource.



APPENDIX W

California Department of Education Chronic Illness Verification Form
T12-478 English
Preface Page and 3-Page Form

PREFACE TO DISTRICTS AND COUNTY OFFICES:

Chronic Illness Verification Form (CIVF) Information

The Chronic Illness Form allows parents to excuse absences due to a specific medical condition with the same authority as a medical professional. Below are guidelines for completing the form correctly to establish and maintain this authorization.

- 1) [Enter school district here] does not accept any CIVF that does not have the expected frequency of episodes, length of absence, diagnosis, appropriate symptoms listed, Physician's or Medical Group letterhead/business card attached and appropriate signature(s). Please return the form to parent for completion.
- 2) The school site may fax the CIVF back to the Physician's office to verify the document's authenticity. An administrator or their designee must refuse acceptance of any CIVF found to be fraudulent.
- 3) Schools will only code absences V when the parent provides **written** verification listing one or more reasons specified on the form under "Symptom(s)". Phone calls are not acceptable and should be coded with E's unless the 10 days are exhausted, then X's.
- 4) Please monitor the expected frequency and length of episode for absences excused for reasonable compliance with the Physician's guidelines outlined on the form. If there is a concern about the child not making academic progress due to these absences or that the privilege is being misused, the school will contact the student and/or parent to discuss these concerns. For some chronically ill children, alternative educational programs may meet their needs more appropriately.
- 5) If the site has unresolved concerns, after talking with the student and/or parent, designated Health Services staff will contact the authorizing Physician with specific questions related to the diagnosis and absenteeism. We will refer to the CIVF if the parent initials require contact with them prior to accessing the Physician.
- 6) Remember, this form expires at the end of the academic year. Obtain a new form annually.

For questions, please contact your school nurse or Attendance Improvement Program/SARB at:

[District to add name and phone number here]

APPENDIX W

CHRONIC ILLNESS VERIFICATION FORM

Student And Physician Verification

Student/DOB/Grade: _____

Forward to: _____
School FAX number

Dear Physician,

Your patient is a student enrolled in [enter school district here]. For your records, please list the chronic illness diagnosed for the student. Also, please check or list symptoms that would not warrant an office visit, but might require the child to stay home from school. This will allow the parent to verify illnesses, by listing in writing to the school the symptoms designated below, without bringing the child to your office for an examination. This document expires at the end of the academic year that it is/was received.

Physician Verification: _____
Physician signature and printed name here Date

Physician's address: _____

Please attach business card here:

Chronic Illness/Medical Diagnosis: _____

Symptoms: _____

Expected frequency of episodes: _____ (for example: monthly, 4 times per school year, etc.)

Length of absences per episode: _____

On following page, the physician should check or list the specific symptoms of the child's illness.

APPENDIX W

SYMPTOMS

Neurological System

- lethargy *(Note: translation will go here)*
- dizziness/unsteadiness
- numbness in extremities
- petit mal seizures
- severe headache
- blurred vision

Respiratory System

- weakness/fatigue
- pallor/cyanosis
- continual coughing
- congested airway
- difficulty breathing
- pain

Gastrointestinal System

- nausea/vomiting
- diarrhea
- constipation
- abdominal pain

Integumentary System

- skin lesions
- infections
- edema

Cardiovascular System

- weakness/dizziness
- pallor/cyanosis
- palpitations
- rapid pulse
- arrhythmia
- pain
- fever/infections

Genitourinary System

- bladder/kidney infection

Musculoskeletal system

- pain
- inflammation/swelling

On the next page, the parent or guardian must sign the authorization for an exchange of information regarding the diagnosis.

APPENDIX W

PARENT/GUARDIAN AUTHORIZATION

I hereby request and authorize the exchange of information on the above diagnosis pertaining to my child between Health designated staff of the [enter school district here] and the physician named above.

I request [add school district here] to inform me, the parent/guardian signing this authorization before contacting the authorizing medical professional. _____ (initial here to request). This contact will only be made if the frequency or length of absences exceeds the numbers authorized above.

I further understand I must submit written explanations to verify each absence.

Parent signature: _____

Date: _____

APPENDIX X

Power of Attorney for Consent to Medical Care for a Minor

By signing this form, I (we) hereby authorize _____ to consent to any medical care and treatment for _____ (Child) that is recommended by a licensed healthcare provider to whom the Child is presented for treatment. In order to ensure that the Child receives prompt medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to the Child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute care giver's consent.

This Power of Attorney is dated _____, _____ and is valid for one year.

Parent's Signature Date Second Parent's Signature (optional) Date

Dated Signature - Notary Public My commission expires

Medical History

(Failure to complete any of the following does not impair the validity of this Power of Attorney for consent to medical care for a minor.)

Child's Name Child's Birth Date Allergies

Religion Blood Type Date of Last Tetanus Shot

Previous Hospitalizations and Major Illnesses Current Medications

Pediatrician Telephone Other Important Information

Other Information

Father's Name Home Phone Home Address

Place of Employment Work Phone

Insurance Company Policy Number

Mother's Name Home Phone Home Address

Place of Employment Work Phone

Insurance Company Policy Number

APPENDIX Y

REQUEST FOR SECTION 504 DETERMINATION AND 504 PLAN (INCLUDING REQUEST FOR ASSESSMENT IF NECESSARY)

DATE: _____ *[NOTE: process is driven by timelines. Get a receipt to show proof of delivery.]*

DELIVERED VIA: ___ Fax ___ Registered Mail ___ In person

FROM:

Parent/Guardian Name
Address
City, State, Zip Code
Telephone Number/Email

Note: Remove or replace RED text when individualizing.
Sample from: DREDF (Disability Rights Education & Defense Fund):
<https://dredf.org/special-education/sample-letters/>

TO:

- 1) Administrator Name:
Director of Student Services/District 504 Coordinator
School District:
District Office Address:
City, State, Zip:

- 2) Administrator Name:
School Principal
School Name:
School Address:
City, State, Zip:

Student Name: _____ Date of Birth: _____

Name of School: _____ Grade: _____

Dear District 504 Coordinator and School Principal:

I am writing to refer my child for determination of eligibility under Section 504 of the Rehabilitation Act of 1973 and to develop a formal documented 504 Plan of necessary educational services, which may require accommodations, program modifications, or services in order to enable my child to benefit from public education to the extent that students without disabilities do and to provide a free appropriate public education (FAPE) under Section 504 in the least restrictive environment (LRE).

My child has disabilities which substantially limit(s) major life activities, adversely impacting my child's learning and preventing equal access to educational opportunities and programs.

[Briefly describe your reasons for concern, child's disability, needs, etc.]

We have documentation from *[list independent evaluations, or doctor or therapist reports]* that would qualify my child for services under Section 504 and would like to submit that information for review. We believe this information is more than sufficient for the Section 504 planning team to immediately make the determination of Section 504 eligibility and to develop necessary accommodations and/or services in a formal 504 Plan to remove discriminatory barriers and to provide my child a FAPE. We request a 504 team meeting without delay to develop a 504 Plan to meet my child's unique needs.

[Attach documentation or pertinent reports or say that you have such evidence of need and can make it available to the district upon request.]

APPENDIX Y

I request that the Section 504 Coordinator for District be present at the initial 504 team meeting to discuss findings, results and recommendations with the Section 504 team. *[You may ask that specific 504 team members be included who could contribute information about your child's needs – FOR EXAMPLE:]*

I also request that my child's physical education teacher, his principal, and an Adaptive P.E. specialist attend the 504 meeting. My child will also participate in the 504 meeting and will need to be excused from class to do so, if the meeting is scheduled within the school day.

Should the District believe that the information I have provided is not sufficient to determine 504 eligibility and needs immediately, let this letter serve as my formal written request comprehensive evaluation in all areas of suspected disability under the Individuals with Disabilities Education Act (IDEA), as best practice, to make the 504 (and/or special education determination) and to identify 504 needs (and/or IEP needs should my child be found eligible under IDEA) within the timelines and processes that IDEA requires.

[If you have specific areas you think need to be assessed regardless, or know specific tests your child needs, you might add specific requests – EXAMPLES:]

I request that the School District also conduct the following evaluations of my child to assist in determining all 504 needs, regardless of whether or not the team decides it is necessary to conduct full IDEA evaluation:

(1) An assistive technology (AT) assessment to determine appropriate tools and program modifications that may be necessary to assist my child in accessing and benefiting from his educational program.

(2) An Adaptive Physical Educational (APE) assessment to determine the appropriate accommodations or program modifications that may be necessary to assist my child in accessing and benefiting from his educational program.

Please confirm in writing that:

- 1) I have provided sufficient information, that a 504 Planning meeting will be scheduled without delay with proposed mutually agreeable dates/times for the 504 meeting to develop the 504 Plan, or that
- 2) I will receive an Assessment Plan within 15 calendar days for my review and consent so that necessary district evaluations can proceed within the timelines IDEA requires (within 60 calendar days of my consent). Also that upon completion, an IEP team meeting will be held to discuss the results to make an eligibility determination and develop an appropriate 504 Plan or IEP (if eligible) to meet my child's unique needs and provide a FAPE in the LRE, and that
- 3) I will be provided copies of any and all assessment reports and other documentation that will be presented at a 504 or IEP meeting, at least 5 business days in advance of the meeting, so that I may adequately prepare for the meeting and so that my parent participation is ensured.

I understand that I must receive a written response and information about my Due Process rights if refused.
Thank you.

Sincerely,

[Signature]

[Parent/Guardian Name]

Enclosed: *[list attachments you may like to include to help the district understand child's disabilities, diagnoses, or needs.]*

APPENDIX Z

REFERRAL/REQUEST FOR ASSESSMENT FOR SPECIAL EDUCATION SERVICES

DATE: _____ *[NOTE: process is driven by timelines. Get a receipt to show proof of delivery.]*

DELIVERED VIA: ___ Fax ___ Registered Mail ___ In person

FROM:

Parent or Guardian Name(s)
Street Address
City/State/Zip
Telephone Number(s)/email

TO:

Mr/Ms/Dr
Director of Special Education
School District Name
District Street Address
City/State/Zip
Telephone Number (if known)
Fax Number (if known)
Email (if known)

Note: Remove or replace RED text when individualizing.
Sample from: DREDF (Disability Rights Education & Defense Fund):
<https://dredf.org/special-education/sample-letters/>

ON BEHALF OF:

Student Name: _____ Date of Birth: _____

Name of School: _____ Grade: _____

Dear Director of Special Education:

My child has not been functioning well in school and I am concerned about my child's educational progress. I am writing to make a parent referral for assessment for special education services as allowed under the Child Find obligations of the Individuals with Disabilities Act (IDEA) and California Education Code Secs. 56029, 56301, 56302, and 56321(a) and 5 California Code of Regulations (C.C.R.) Sec. 3021. My child may be eligible for special education assistance. I am requesting that my child be given a comprehensive assessment by the school district in all areas of suspected disability, and that an IEP meeting be scheduled.

Below are some of my concerns related to my child's educational progress, and information about my child's known and/or suspected disabilities:

[List or describe concerns here related to the child's suspected and/or known disabilities and adverse educational performance impact, which may include any of these, for example: academic performance, learning challenges, health impacts, memory, psychological processing, social, behavioral, expressive or receptive communication, social skills, fine and gross motor, mental health, or other areas of concern.]

As part of the assessment process, I also request that my child be assessed under Section 504 of the Rehabilitation Act of 1973 to determine whether he should be identified as handicapped pursuant to that law and to determine what, if any, accommodations might be required in his educational program in the event that he does not qualify for special education services, or in addition to special education services. I also request that the school district's 504 Coordinator be present at the IEP meeting to discuss the results and recommendations of assessment.

APPENDIX Z

In addition to the typical school district evaluations, I specifically request that the school district conduct the following evaluations of my child if listed here:

[List specific evaluations requests here if you have some]

I understand that Response-to-Intervention (RTI) is now allowed under IDEA 2004 as one evaluative tool that may assist in determining the presence of specific learning disability (SLD) but that, according to the U.S. Department of Education (DOE) Office of Special Education and Programs (OSEP) memo of 1/27/2011, "it would be inconsistent with the evaluation provisions at 34 CFR Sections 300.301-300.111 for an LEA [school district] to reject a referral and delay provision of an initial evaluation on the basis that a child has not participated in an RTI framework," and that the school district has an "obligation to ensure that evaluations of children suspected of having a disability are not delayed or denied because of implementation of an RTI strategy."

<http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/osep11-07rtimemo.pdf>

If the school district asks to conduct a Student Study Team (SST) process in response to my parent referral for IDEA evaluation, I will consider such a request so that my child can receive help and intervention while the IDEA evaluations are ongoing. Understand, however, that if I give my approval for a SST, I will not and do not waive my child's right to comprehensive assessment under the district's "Child Find" mandate.

I understand that schools are required only to "consider" general education interventions before delivering special education services, and that evaluation is not services. I also understand that the school district is not required to "exhaust" general education interventions; that there is no exhaustion standard in IDEA; and that IDEA Child Find requires evaluation when there is suspected disability.

I look forward to receiving an Assessment Plan within 15 calendar days for my review and consent so that evaluations can proceed. If the district refuses to evaluate, I expect to receive Prior Written Notice (PWN) that meets the requirements of the IDEA. I look forward to evaluations being completed promptly and an IEP meeting held, at a mutually agreeable time and place, within 60 calendar days of my consent to the Assessment Plan, to discuss results and plan for my child's supported education.

Please ensure that we schedule an IEP meeting to ensure that I receive copies of all assessment reports at least 5 business days before the IEP meeting that will be scheduled to discuss them so that I will have adequate time to review and prepare any questions or parent concerns I may have for the IEP team.

Sincerely,

[signature]

Parent/Guardian Name

Copies to: *[School Principal and other members of child's educational team as needed]*

Enclosed: *[list attachments to this letter you may want to include to help the district understand child's suspected disabilities, needs, diagnoses and/or disability(ies) if known]*

APPENDIX AA

Uniform Complaint Procedures



Authorized by: California Code of Regulations, Title 5 Sections 4600-4687

CALIFORNIA DEPARTMENT OF EDUCATION

1430 N Street • Sacramento, CA 95814-5901

Revised August, 2020

<https://www.cde.ca.gov/re/cp/uc/documents/ucppamphlet2021.docx>

■ WHAT IS A UCP COMPLAINT?

A complaint under the Uniform Complaint Procedures (UCP) is a written and signed statement by an individual, public agency, or organization alleging a violation of federal or state laws governing certain educational programs.

■ WHAT AGENCIES ARE SUBJECT TO THE UCP?

The UCP covers alleged violations by local educational agencies (LEAs) (school districts, county offices of education, and charter schools) and local public or private agencies which receive direct or indirect funding from the State to provide any school programs, activities, or related services.

■ WHAT EDUCATIONAL PROGRAMS AND SERVICES ARE COVERED BY THE UCP?

- Accommodations for Pregnant and Parenting Pupils
- Adult Education
- After School Education and Safety
- Agricultural Career Technical Education
- Career Technical and Technical Education; Career Technical; Technical Training Programs
- Child Care and Development
- Compensatory Education
- Consolidated Categorical Aid Programs
- Course Periods without Educational Content
- Discrimination, harassment, intimidation, or bullying against any protected group as identified under sections 200 and 220 and Section 11135 of the Government Code, including any actual or perceived characteristic as set forth in Section 422.55 of the Penal Code, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics, in any program or activity conducted by an educational institution, as defined in Section 210.3, that is funded directly by, or that receives or benefits from, any state financial assistance
- Education and Graduation Requirements for Pupils in Foster Care, Pupils who are Homeless, and former Juvenile Court Pupils now enrolled in a school district
- Every Student Succeeds Act/No Child Left Behind (Titles I–VII)

- Local Control and Accountability Plans (LCAP)
- Migrant Education
- Physical Education Instructional Minutes
- Pupil Fees
- Reasonable Accommodations to a Lactating Pupil
- Regional Occupational Centers and Programs
- School Plans for Student Achievement
- School Safety Plans
- Schoolsite Councils
- State Preschool
- State Preschool Health and Safety Issues in LEAs Exempt From Licensing

■ WHAT ISSUES ARE NOT COVERED BY THE UCP?

Not all complaints fall under the scope of the UCP. Many concerns are the responsibility of the LEA, including classroom assignments, common core, grades, graduation requirements, hiring and evaluation of staff, homework policies and practices, provision of core curricula subjects, student advancement and retention, student discipline, student records, the Bagley-Keene Open Meeting Act, the Brown Act, and other general education requirements.¹ The LEA, however, may use its local complaint procedures to address complaints not covered by the UCP.

Only allegations within the subject matters falling within the UCP can be appealed to the CDE.

In addition, the following complaints are referred to other agencies for resolution and not subject to the UCP:

- Allegations of child abuse are referred to County Departments of Social Services, Protective Services Divisions, or appropriate law enforcement agency.
- Health and safety complaints regarding a Child Development Program are referred to the Department of Social Services for licensed facilities, and to the appropriate Child Development regional administrator for licensing-exempt facilities.
- Employment complaints are sent to the California Department of Fair Employment and Housing.
- Allegations of fraud are referred to the responsible Division Director at the California Department of Education (CDE).

■ HOW DO I FILE A UCP COMPLAINT AND HOW IS IT PROCESSED?

The LEA's UCP complaint policies and procedures provide the information needed to file a local complaint. Each LEA must annually notify its students, employees, parents/guardians, school and district advisory committees, appropriate private school officials and other interested parties of the LEA's UCP complaint policies and procedures, and the opportunity to appeal the LEA's Decision to the CDE. LEAs must provide their complaint policies and procedures free of charge.

¹ In California, the State Board of Education decides on the standards for all students, from kindergarten through high school. Since 2010, a number of states across the nation have adopted the same standards for English and math. These standards are called the Common Core

■ WHAT ARE THE RESPONSIBILITIES OF THE COMPLAINANT?

- Receives and reviews the UCP complaint policies and procedures from the LEA.
 - Files a written complaint by following the steps described in the LEA's UCP complaint procedures.
 1. The signature on a complaint may be handwritten, typed (including in an email) or electronically-generated.
 2. A complaint filed on behalf of an individual student may only be filed by that student or that student's duly authorized representative.
 3. All complaints must be filed within one year from the date of the alleged violation. For Local Control and Accountability Plan (LCAP) complaints the date of the alleged violation is the date when the reviewing authority approves the LAP or annual update that was adopted by the LEA.
 - Cooperates in the investigation and provides the LEA investigator with information and other evidence related to the allegations in the complaint.
 - May file a written appeal to the CDE within 30 calendar days of receiving the LEA's decision if he or she believes the LEA's decision is incorrect.
 - Must specify the basis for the appeal and whether the LEA's facts are incorrect and/ or the law is misapplied. The appeal packet must contain a copy of the original complaint to the LEA and a copy of the LEA's decision.
- Where applicable, within 30 calendar days of receiving the CDE's decision or report, may submit a request for reconsideration by the Superintendent of Public Instruction at the CDE or their designee. The request for reconsideration must specify and explain the reason(s) for contesting the findings of fact, conclusions of law, or corrective actions in the appeal Decision.
 - When filing an appeal with the CDE, must specify and explain the basis for the appeal, including at least one of the following:
 1. The LEA failed to follow its complaint procedures, and/or;
 2. Relative to the allegations of the complaint, the LEA Investigation Report lacks material findings of fact necessary to reach a conclusion of law, and/or;
 3. The material findings of fact in the LEA Investigation Report are not supported by substantial evidence, and/or;
 4. The legal conclusion in the LEA Investigation Report is inconsistent with the law, and/or;
 5. In a case in which the LEA found noncompliance, the corrective actions fail to provide a proper remedy.

■ WHAT ARE THE RESPONSIBILITIES OF THE LEA?

- Ensures compliance with applicable federal and state laws and regulations.

- Adopts UCP complaint policies and procedures consistent with the *California Code of Regulations*, Title 5 Sections 4600–46894.
- Designates a staff member to be responsible for receiving, investigating and resolving complaints and makes sure the staff member is knowledgeable about the laws/programs he or she is assigned.
- Must give the filing party an opportunity to present information and/or evidence relevant to the complaint.
- Protects complainants from retaliation.
- Resolves the complaint and completes a written report within 60 calendar days of receipt of the complaint unless extended by written agreement of the complainant.
- Must advise the complainant of the right to appeal the LEA’s Investigation Report to the CDE within 30 calendar days of receiving the report.
- If the LEA finds merit in a complaint, it must impose corrective actions for, including, but not limited to complaints involving pupil fees, courses of study, instructional minutes for physical education and LCAP, and must include a remedy to all affected pupils, parents and guardians.
- LEAs shall provide the investigative file to CDE within 10 days of notification of an appeal. An LEA’s failure to provide a timely and complete response may result in the CDE ruling on the appeal without considering information from the LEA.

■ WHAT ARE THE RESPONSIBILITIES OF THE CDE?

The UCP authorizes the CDE to process appeals of the LEA’s decision on UCP complaints; or, in certain specified situations, to intervene directly and investigate the allegations in the complaint. The CDE:

- Reviews, monitors and provides technical assistance to all LEAs regarding the adoption of UCP complaint policies and procedures by the LEA’s governing board.
- Refers a complaint to the LEA for resolution when appropriate.
- Considers a variety of alternatives to resolve a complaint or appeal when:
 1. The complainant alleges and the CDE verifies that, through no fault of the complainant, the LEA fails to act within 60 calendar days of receiving the complaint.
 2. The complainant appeals an LEA decision if he or she believes the decision is factually and/or legally incorrect.
 3. When requested by the complainant, the CDE determines when direct intervention is applicable.
- Requires corrective action by the LEA if noncompliance issues are identified during the investigation.
- Provides monitoring and technical assistance to LEAs to ensure resolution of findings of noncompliance.
- Where applicable, notifies the parties of the right to request reconsideration of the CDE’s decision/report by the Superintendent of Public Instruction at

the CDE within 30 calendar days of the receipt of the decision/report.

- For those programs governed by part 76 of Title 34 of the *Code of Federal Regulations*, notifies the parties of the right to appeal to the United States Secretary of Education.
- If the CDE finds merit in an appeal, it must issue corrective actions for, including, but not limited to, complaints involving pupil fees, courses of study, instructional minutes for physical education and local control and accountability plans, and must include a remedy to all affected pupils, parents, and guardians.
- The CDE must issue an appeal Decision within 60 days, unless extended by written agreement with the Appellant, or the CDE documents exceptional circumstances and informs the Appellant, or the CDE receives notice that the matter has been resolved at the local level, or the CDE receives notice that the matter has been judicially decided.
- On reconsideration, the CDE will not consider new information unless it was unknown during the appeal and could not have become known with due diligence.
- The CDE must act on the reconsideration request within 60 days. During the reconsideration period, the CDE appeal Decision remains in effect and enforceable, unless stayed by a court.
- The CDE may, at its discretion, directly intervene without waiting for an LEA investigation in certain enumerated situations.
- The CDE must directly intervene if the complaint alleges that an agency that is not an LEA violated laws relating to a Child Care and Development program.
- When CDE declines direct intervention in an anonymous complaint, the CDE will not forward the complaint to the LEA without the complainant's permission.
- When the CDE directly intervenes, the CDE must issue a Department Investigation Report within 60 days, unless the parties have agreed to extend the timeline or the CDE documents exceptional circumstances and informs the complainant, or the matter has been resolved at the local level or judicially decided.
- On reconsideration, the CDE will not consider new information unless it was unknown during the investigation and could not have become known with due diligence.
- The CDE must act on the reconsideration request within 60 days. During the reconsideration period, the CDE Investigation Report remains in effect and enforceable, unless stayed by a court.
- Within 30 days of the date of the CDE's appeal Decision, either party may request reconsideration. Within 30 days of the date of the CDE's Investigation Report, either party may request reconsideration.

■ WILLIAMS COMPLAINTS

A Williams complaint concerns instructional materials, emergency or urgent facilities conditions that pose a threat to the health and safety of pupils, and teacher vacancy or misassignment. They may be filed anonymously. LEAs must have a complaint form available for these types of complaints, but will not reject a complaint if the form is not used as long as the complaint is submitted in writing. Under applicable regulations, a notice must be posted in each classroom in each school notifying parents and guardians of the matters subject to a Williams complaint and where to obtain a form to file a complaint.

A Williams complaint must be resolved by the school principal or by the district superintendent or his or her designee. A complainant who is not satisfied with the resolution has the right to describe the complaint to the governing board of the school district at a regularly scheduled meeting of the board. Except for complaints involving a condition of a facility that poses an emergency or urgent threat, there is no right of appeal to the CDE.

In the case of complaints concerning a condition of a facility that poses an emergency or urgent threat, a complainant who is not satisfied with the resolution has the right to file an appeal to the Superintendent of Public Instruction at the CDE within 15 calendar days of receiving the LEA's decision.

For further information on Williams complaints please go to the CDE Web site and search for Williams Facilities Complaints and Appeals.

■ State Preschool Health and Safety Issues in LEAs Exempt from Licensing

A complaint regarding State Preschool Health and Safety issues incorporate emergency and/or urgent facilities conditions that pose a threat to the health and safety of students. They may be filed anonymously. LEAs must have a complaint form available for these types of complaints, but will not reject a complaint if the form is not used as long as the complaint is submitted in writing. Under applicable regulations, a notice must be posted in each state preschool classroom notifying parents and guardians of the matters subject to these complaints and where to obtain a form to file a complaint.

A state preschool health and safety complaint must be resolved by the school principal or by the district superintendent or his or her designee. A complainant who is not satisfied with the resolution has the right to describe the complaint to the governing board of the school district at a regularly scheduled meeting of the board. A complainant who is not satisfied with the resolution proffered by the preschool program administrator or the designee of the district superintendent has the right to file an appeal to the Superintendent of Public Instruction.

For further information please go to the CDE Web site and search for State Preschool Health and Safety Issues in LEAs Exempt from Licensing Complaints and Appeals.

■ ADDITIONAL INFORMATION

For additional information, contact the appropriate office listed, or visit the UCP Web page at <http://www.cde.ca.gov/re/cp/uc>

CONTACTS FOR PROGRAMS AND SERVICES COVERED UNDER THE UCP (As of July, 2020)

- **Accommodations for Pregnant and Parenting Pupils, Student Lactation Accommodations, and LGBTQ Resources**
Education Equity UCP Appeals Office
916-319-8239
- **Adult Education**
Adult Education Office
916-322-2175
- **After School Education and Safety After School Division**
916-319-0923
- **Agricultural Career Technical Education**
Career & College Transition Division
916-445-2652
- **Career Technical Education (Federal) and Regional Occupational Centers and Programs**
Career Tech Ed (CTE) Leadership and Instructional Support Office
916-322-5050
- **Child Care and Development (including State Preschool)**
Early Learning and Care Division
916-322-6233
- **Course Periods without Educational Content**
Categorical Programs Complaints Management Office
916-319-0929
- **Discrimination, Harassment, Bullying, Intimidation, , Student Lactation Accommodations, and LGBTQ Resources**
Education Equity UCP Appeals Office
916-319-8239
- **Education of Pupils in Foster Care, Pupils who are Homeless,**
Regional Support and Awards Office
916-319-0836
- **Every Student Succeeds Act/No Child Left Behind Act, including Compensatory Education, Migrant Education, School Safety Plans**
Categorical Programs Complaints Management (CPCM) Office
916-319-0929
- **Independent Study and Interstate Compact on Educational Opportunity for Military Children, Juvenile Court and Community School Students**
Educational Options Office
916-323-2183
- **Local Control Accountability Plans (LCAPs): Content or Procedures**
Local Agency Systems Support Office
916-319-0809
- **Local Control Accountability Plans (LCAPs): Fiscal**
School Fiscal Services Division
916-322-3024
- **Physical Education: Instructional Minutes**
Standards Implementation Support Office
916-323-5847
- **Pupil Fees**
Categorical Programs Complaints Management Office
916-319-0929
- **School Facilities (for Williams Complaints)**
School Facilities and Transportation Services Division
916-322-2470
- **School Plans for Student Achievement**
Local Agency Systems Support Office
916-319-0809
- **State Preschool Health and Safety Issues in LEAs Exempt from Licensing**
Early Education and Care Division
916-322-6233

