***DRAFT* Sample Letter to Parent/Guardians about 504 Plans** *(HB 264 – Diabetes)*

(School Letterhead)

(Date)

Dear Parent/Guardian of [Student Name]:

We recently received an order signed by your child’s physician stating that [Name of Student] has diabetes.

Under Section 504 of the Rehabilitation Act of 1973 and Ohio House Bill 264 your student is entitled to a 504 Plan through (*school district)* to ensure your student’s safe participation in our schools programs – both academic and extracurricular.

A Section 504 Plan enables the (*school district)* to offer health accommodations and other support to assist your child while at school and during school related activities. This plan also can be used to make sure that the student, the parents/guardians, and school personnel understand each of their responsibilities to ensure your child’s safety. A 504 Plan is an option for parents and their child, not mandatory.

You can find more information about Section 504 by: \_\_\_\_\_\_ (district can specify how they will provide parents with the information – website or written).

We encourage you to please contact \_*\_NAME\_\_ (the designated school contact person i.e. building principal, school nurse*) at your earliest convenience so we might begin the discussion of how best to provide for your student’s diabetes care needs at school.

Thank you.

Sincerely,

(School Administrator, School nurse or school 504 Coordinator)

ATTN: (School Nurse or designee)

***DRAFT* Parent permission for Section 504 evaluation**

*(HB 264 - Upon receipt of 504 Plan Information Sheet)*

Diabetes health care needs can be managed at school with planning and communication. An individualized Section 504 Plan can be developed to document how to provide care, support and enhance your child’s ability to learn and participate in school activities.

I understand that I need to provide a note from my child’s health care provider stating that (Student Name) has been diagnosed with diabetes.

I understand that the school will be obtaining and reviewing information from a variety of sources in order to make a proper evaluation of my child’s needs. I understand that I will have input into the evaluation and development of my child’s 504 Plan.

I give my permission for (the school district) to conduct an evaluation of my child for eligibility under Section 504 of the Rehabilitation Act of 1973.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I have been informed and understand the Procedural Safeguards & Parent/Student Rights.

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

**Parent Date**

I have explained and provided a copy of these Procedural Safeguards & Parent/Student Rights to the parent.

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

**School 504 Coordinator Date**