# ACCOMMODATION EXAMPLES FOR SPECIFIC DISABILITIES

Here are some examples of accommodations and services that might be considered for specific disability profiles. Please keep in mind that these examples are not intended to be all-inclusive or mandatory. Do not use these examples as a "checklist" as accommodations are to be made on a case-by-case basis specific to individual need. Please also remember that the mere presence of these conditions does not automatically qualify a student for a Section 504 plan. The disability must significantly limit one or more life functions before a Section 504 plan is to be considered. Additionally, this disability must impact the student so that he or she is not afforded access and benefit of programs and services equal to that of non-disabled students.

#### **ALLERGIES**

EXAMPLE: The student has severe allergic reactions to certain pollens and foods. For purposes of this example the condition substantially limits the major life activity of breathing and may interfere with the student's ability to get to school or participate once there.

#### Possible Accommodations and Services:

- Avoid allergy-causing substances: soap, weeds, pollen, food
- In-service necessary persons: dietary people, peers, coaches, laundry service people, etc.
- Allow time for shots/clinic appointments
- Use air purifiers
- Adapt physical education curriculum during high pollen time
- Improve room ventilation (i.e., when remodeling has occurred and materials may cause an allergy)
- Develop health care and/or emergency plans
- Address pets/animals in the classroom
- Involve school health consultant in school related health issues
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects

#### **ARTHRITIS**

EXAMPLE: A student with severe arthritis may have persistent pain, tenderness or swelling in one or more joints. A student experiencing arthritic pain may require a modified physical education program. For purposes of this example, the condition substantially limits the major life activity of learning.

- Provide a rest period during the day
- Accommodate for absences for doctors' appointments
- Provide assistive devices for writing (e.g., pencil grips, non-skid surface,
- typewriter/computer, etc.)
- Adapt physical education curriculum

- Administer medication following medication administration protocols
- Train student for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Arrange for assistance with carrying books, lunch tray, etc.
- Provide book caddie
- Implement movement plan to avoid stiffness
- Provide seating accommodations
- Allow extra time between classes
- Provide locker assistance
- Provide modified eating utensils
- Develop health care plan and emergency plan
- Provide for accommodations for writing tasks: a note taker, a computer or tape recorder for note-taking
- Make available access to wheelchair/ramps and school van for transportation
- Provide more time for massage or exercises
- Adjust recess time
- Provide peer support groups
- Arrange for instructional aide support
- Install handle style door knobs (openers)
- Record lectures/presentations
- Have teachers provide outlines of presentations
- Issue Velcro fasteners for bags
- Obtain padded chairs
- Provide a more comfortable style of desk
- Adjust attendance policy, if needed
- Provide a shorter school day
- Furnish a warmer room and sit student close to the heat
- Adapt curriculum for lab classes
- Supply an extra set of books for home use and keep a set at school
- Let student give reports orally rather than in writing
- Provide an awareness program for staff and students
- Monitor any special dietary considerations
- Involve school health consultants in school health related issues
- Provide post-secondary or vocational transition planning

# **ASTHMA**

EXAMPLE: A student has been diagnosed as having severe asthma. The doctor has advised the student not to participate in physical activity outdoors. For purposes of this example, the disability limits the major life activity of breathing.

- Adapt activity level for recess, physical education, etc.
- Provide inhalant therapy assistance
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects

- Remove allergens (e.g., hair spray, lotions, perfumes, paint, latex)
- Make field trips that might aggravate the condition non-mandatory and supplement with videos, audiotapes, movies, etc.
- Accommodate medical absence by providing makeup work, etc.
- Adjust for administration of medications
- Provide access to water, gum, etc.
- Adapt curriculum expectations when needed (i.e., science class, physical education, etc.)
- Develop health care and emergency plans
- Have peers available to carry materials to and from classes (e.g., lunch tray, books)
- Provide rest periods
- Make health care needs known to appropriate staff
- Provide indoor space for before and after school activities
- Have a locker location which is centralized and free of atmosphere changes
- Adapt attendance policies, school day duration, or 180-day requirement, if needed
- Place student in most easily controlled environment

# ATTENTION DEFICIT DISORDER (ADD) AND ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD)

EXAMPLE: The student does not meet eligibility requirements under IDEA as emotionally disturbed, learning disabled, or other health impaired. A doctor regards the student as having ADD, and for purposes of this example, the disability limits the major life activity of learning. The student, because of his disability, is unable to participate in the school's programs to the same degree as students without disabilities and therefore is substantially limited by the disability.

- Seat the student away from distractions and in close proximity to the teacher
- State classroom rules, post in an obvious location, and enforce consistently
- Use simple, concise instructions with concrete steps
- Provide seating options
- Tolerate (understand the need) excessive movement
- Provide a peer tutor/helper
- Teach compensatory strategies
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Monitor for stress and fatigue; adjust activities
- Adjust assignments to match attention span, etc.
- Vary instructional pace
- Vary instructional activities frequently
- Provide supervision during transitions, disruptions, field trips
- Model the use of study guides, organizing tools
- Accommodate testing procedures; lengthy tests might be broken down into several shorter administrations
- Provide counseling and prompt feedback on both successes and areas needing improvement

- Initiate frequent parent communication
- Establish a school/home behavior management program
- Provide training for staff
- Have the student use an organizer; train in organizational skills
- Establish a nonverbal cue between teacher and student for behavior monitoring
- Assign chores/duties around room/school
- Adapt environment to avoid distractions
- Reinforce appropriate behavior
- Have child work alone or in a study carrel during high stress times
- Highlight required or important information/directions
- Provide a checklist for student, parents, and/or teacher to record assignments of completed tasks
- Use a timer to assist student to focus on given task or number of problems in time allotted; stress that problems need to be done correctly.
- Have student restate or write directions/instructions
- Allow student to respond in variety of different modes (i.e., may place answers for tests on tape instead of paper)
- Give student opportunity to stand/move while working
- Provide additional supervision to and from school
- Adapt student's work area to help screen out distracting stimuli
- Grade for content integrity not just neatness/presentation
- Schedule subjects which require greater concentration early in the day
- Supply small rewards to promote behavior change
- Avoid withholding physical activity as a negative reinforcer
- Allow for periodic, frequent physical activity, exercise, etc.
- Determine trigger points and prevent action leading to trigger points
- Provide for socialization opportunities, such as circle of friends

# **BIPOLAR DISORDER**

EXAMPLE: The student was diagnosed as having a bipolar disorder, however the severity (frequency, intensity, duration considerations) of the condition did not qualify the student for IDEA. A properly convened 504 committee determined that the condition did significantly impair the major life activity of learning and fashioned a 504 plan for the student.

- Break down assignments into manageable parts with clear and simple directions, given one at a time
- Plan advanced preparation for transitions
- Monitor clarity of understanding and alertness
- Allow most difficult subjects at times when student is most alert
- Provide extra time on tests, class work, and homework if needed
- Strategies in place for unpredictable mood swings
- Provide appropriate staff with training on bipolar disorder.
- Create awareness by staff of potential victimization from other students

- Implement a crisis intervention plan for extreme cases where student gets out of control and may do something impulsive or dangerous
- Provide positive praise and redirection
- Report any suicidal comments to counselor/psychologist immediately
- Consider home instruction for times when the student's mood disorder makes it impossible for him to attend school for an extended period

#### **CANCER**

EXAMPLE: A student with a long-term medical problem may require special accommodations. Such a condition as cancer may substantially limit the major life activities of learning and caring for oneself. For example, a student with cancer may need a class schedule that allows for rest and recuperation following chemotherapy.

- Adjust attendance policies
- Limit numbers of classes taken; accommodate scheduling needs (breaks, etc.)
- Send teacher/tutor to hospital, as appropriate
- Take whatever steps are necessary to accommodate student's involvement in extracurricular activities if they are otherwise qualified
- Adjust activity level and expectations in classes based on physical limitations; don't require activities that are too physically taxing
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Provide appropriate assistive technology
- Provide dietary accommodations
- Provide a private area in which to rest
- Shorten school day
- Arrange for home tutoring following treatment
- Send additional set of texts and assignments to hospital schools
- Tape lessons. Accept the fact that the lessons and content-area tests may not be appropriate; the student is learning many life lessons through this experience
- Adjust schedule to include rest breaks
- Provide counseling; establish peer group support
- Adapt physical education
- Provide access to school health services
- Provide awareness training to appropriate staff and students
- Develop health care emergency plan to deal with getting sick at school
- Offer counseling for death and dying to peers/teachers/staff
- Furnish a peer tutor
- Provide student with a student buddy for participation in sports
- Initiate a free pass system from the classroom
- Provide lessons using mastery learning techniques
- Provide individual school counseling
- Begin friendship groups for the student
- Provide teachers with counseling, emphasizing positive attitudes

- Have a health plan for care of mediport/any other intravenous lines and medical needs
- Plan ongoing communication about school events
- Notify parents of communicable diseases in school
- Designate a person in school to function as liaison with parents as a means of updating changing health status

#### **CEREBRAL PALSY**

EXAMPLE: The student has serious difficulties with fine and gross motor skills. A wheelchair is used for mobility. For purposes of this example, the condition substantially limits the major life activity of walking. Cognitive skills are intact.

### **Possible Accommodations and Services:**

- Provide assistive technology devices
- Arrange for use of ramps and elevators
- Allow for extra time between classes
- Assist with carrying books, lunch trays, etc.
- Adapt physical education curriculum
- Provide for physical therapy as appropriate. Such therapy needs to relate directly to "life skills"
- Train for proper dispensing of medications; monitor and/or distributed medications; monitor for side effects
- Adapt eating utensils
- Initiate a health care plan that also addresses emergency situations
- Train paraprofessionals in the case of this student (i.e. feeding, diapering, transporting to and from the wheelchair)
- Adapt assignments
- Educate peers/staff with parent/student permission
- Ensure that programs conducted in the basement or on second or third floor levels are accessible
- Ensure that bathroom facilities, sinks and water fountains are readily accessible.
- Provide post-secondary or vocational transition planning.

#### **CHRONIC INFECTIOUS DISEASES**

(i.e., Acquired Immune Deficiency Syndrome (AIDS)

EXAMPLE: The student frequently misses school and does not have the strength to attend a full day. For purposes of this example, the student has a record of a disability, which substantially limits the major life activities of learning. Please review applicable District policies.

- In-service staff and students about the disease, how it is transmitted and how it is treated (Consult appropriate District policies)
- Apply universal precautions

- Administer medications following medication administration protocols, train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Adjust attendance policies
- Adjust schedule or shorten day
- Provide rest periods
- Adapt physical education curriculum
- Establish routine communication with health professionals, area nurse, and home
- Develop health-care and emergency plan
- Consult with doctor, parents, teachers, area nurse, and administrators
- Train appropriate teachers on medical/emergency procedures
- Provide two-way audio/video link between home and classroom via computer, etc.
- Arrange for an adult tutor at school or home
- Adapt assignments and tests
- Provide an extra set of textbooks for home
- Provide staff training on confidentiality
- Provide education and support for peers regarding issues of death and dying
- Provide transportation to and from school if needed as a related service
- Tape books or provide a personal reader
- Arrange to communicate with a home computer with e-mail
- Notify parents of communicable disease in the classroom
- Arrange for participation in a support group
- Provide for post-secondary employment transitions for secondary students
- Foster supportive community attitudes regarding the District's need to provide education to HIV positive/AIDS students
- Develop and promote a nondiscriminatory classroom climate and supportive student attitudes
- Promote the most supportive, least restrictive educational program
- Initiate a "Kids on the Block" AIDS program
- Videotape classroom teaching
- Provide a peer support group to encourage communication
- Involve school health consultant in school-related health issues

#### CYSTIC FIBROSIS

EXAMPLE: This student is a new enrollee at your school and has an extensive medical history. He has significant difficulty breathing and will often be absent due to respiratory infection. While medical needs can be easily documented on a health plan, his educational needs also need to be accommodated. For purposes of this example, learning is the major life activity that is substantially impaired.

- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Create a health care plan for management of acute and chronic phases
- Promote good communication between parents, hospital, home, and school on school assignments

- Shorten the school day
- Adapt physical education activities
- Apply universal precautions, correct disposal of fluids
- Recognize need for privacy for "good coughing"
- Educate staff and peers

#### **DEAF/HEARING IMPAIRMENT**

EXAMPLE: A student was diagnosed with a substantial hearing impairment at a very early age. Therefore, he has both a hearing loss and a mild speech impediment. He compensates through both lip reading and sign language. Academic abilities test in the average range.

#### **Possible Accommodations and Services:**

- Allow for written direction/instructions in addition to oral presentation
- Ensure delivery of instruction facing the student to allow lip reading
- Provide visual information as primary mode of instruction
- Allow for provision of interpreter services
- Install acoustical tile, carpeting
- Seat in a location with minimal background noise
- Provide paper and pencil/pen to write/draw requests when needed
- Facilitate acquisition of TDDs and related assistive technology
- Allow for extra time between classes
- Provide post-secondary or vocational transition planning

#### **DIABETES**

EXAMPLE: A sixth grader with juvenile diabetes requires accommodation to maintain optimal blood sugar. His mom provides the crackers and juice to be used at "break" time and before physical education class. She asks that teachers remind him to eat at a certain time of the morning if he does not pay attention to the beeper on his watch. The youngster is very self sufficient; while he is able to monitor his own blood sugar now, he prefers to do this privately. Therefore, mom asks that the equipment and a notebook/log be stored in a nearby file cabinet and the youngster be allowed to go into the hall with the equipment to check his blood sugar twice a day. She also asks that his teacher allow him to use the bathroom as needed.

- Health care plan for management of condition in the school setting and in emergencies
- Educate staff to signs/symptoms of insulin reaction/hypoglycemia; hunger, shakiness, sweatiness, change in face color, disorientation, drowsiness
- Do not leave the child alone if he/she is feeling poorly; walk to the office or clinic with the student.
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects; communicate systematically and frequently with parents
- Adapt physical education activities

- Store equipment and documentation in a readily accessible location for student, parent, and area nurse or clinic aid
- Accommodate food access/meal schedules rigorously
- Allow access to bathroom facilities

# **DRUGS AND ALCOHOL**

EXAMPLE: The student has used drugs and alcohol for many years. This problem has affected the major life activities of learning and caring for oneself. The student is presently not using drugs or alcohol and is in a rehabilitation program. If the student is not using drugs or alcohol, he or she could qualify for accommodations or services under Section 504.

#### Possible Accommodations and Services:

- Provide copies of texts and assignments to treatment facility
- Arrange for periodic home-school contacts
- Establish daily/weekly assignments monitoring system
- Communicate with treatment facility; pursue transition services available through the treatment facility
- Provide/arrange for counseling
- Establish peer support group
- Dismiss from school for treatment without punitive measures
- Ensure strong link with school counselor
- Arrange for access to treatment at private or public facilities.
- Integrate a student assistance program into the classroom
- In-service faculty/staff with parent/student permission
- Provide post-secondary or vocational transition planning
- Provide ongoing support around chemical dependency in conjunction with other agencies
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects

# **EMOTIONALLY DISTURBED**

EXAMPLE: An emotionally disturbed student may need an adjusted class schedule to allow time for regular counseling or therapy. For purposes of this example, the condition substantially limits the individual's major life activity of learning.

- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Maintain weekly/daily journals for self-recording of behavior
- Establish home-school communication system
- Schedule periodic meetings with home and treatment specialists
- Provide carry-over of treatment plans into school environment
- Assist with inter-agency referrals
- Utilize behavior management programs

- Develop contracts for student behavior
- Post rules for classroom behaviors; teach expectations
- Provide counseling, social skills instruction
- Reinforce replacement behaviors
- Educate other students/staff/school personnel
- Foster carryover of treatment plans to home environment
- Reinforce positive behavior
- Schedule shorter study/work periods according to attention span capabilities
- Be consistent in setting expectations and following up on reinforcements/consequences
- Provide post-secondary or vocational transition planning

# **ENCOPRESIS/ENURESIS**

EXAMPLE: A student who will urinate or defecate in clothes. Not to be confused with physical incontinence, but only to a needed behavior change (i.e. toilet training, bowel/bladder retraining).

#### **Possible Accommodations:**

- Maintain low key responses
- Have a change of clothes available at school in the clinic or alternative location
- Plan a consistent response to events; send student to clinic or alternative location for cleanup and change of clothes; while wearing latex/rubber gloves, place soiled clothes in a plastic bag; call parent and make arrangements for soiled items to be returned home
- Observe for consistent trigger events
- Support bowel/bladder retraining program that is recommended by the physician

#### **EPILEPSY**

EXAMPLE: The student is on medication for seizure activity, but experiences several petit mal seizures each month. This condition substantially limits the major life activity of learning.

- Call parent and document the characteristics of each seizure
- Assess breathing after seizure
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Train staff and students and prepare an emergency plan
- Anticipate recovery process should a seizure occur. Move seating/clear space during seizure. Do not insert objects into the student's mouth during seizure; administer no fluids if student is unconscious. Turn the unconscious student on his or her side to avoid aspiration of vomit. Provide rest time and return to academic considerations following seizure.
- Arrange a buddy system, especially for field trips
- Avoid portable chalk boards or furniture that would topple over easily
- Provide an alternative recess, adapt activities such as climbing and/or swimming

- Plan for academic make-up work
- Alter door openings to allow access from the outside (i.e., bathroom stall doors that swing both ways)
- Observe for consistent triggers (e.g., smells, bright light, perfume, hair spray)
- Provide post-secondary or vocational transition planning

#### **HEARING IMPAIRMENT**

EXAMPLE: A parent is hearing impaired and requests, access to school sponsored activities. The District makes accommodations by providing interpreter services for the parent to participate effectively in school-sponsored events or meetings about the student.

### **Possible Accommodations and Services:**

- Provide an interpreter for those school events where accommodations may be necessary/are requested
- Make alternative arrangements for home-school contacts/communication
- Assist with locating peer or support groups
- Use written notes for communication
- Arrange with phone company for assistive devices on public phones
- Provide information on assistive technology; acquire assistive equipment for school use
- Provide in-house TDD or relay services to receive/communicate efficiently
- Provide post-secondary or vocational transition planning

### **LEARNING DISABILITIES**

Individual profiles of learning strengths and weaknesses will vary. THE EXAMPLE: The student has a learning disability that impacts her ability to read. She has more difficulty with word decoding and spelling than reading comprehension. Thus, completing reading tasks is difficult and slow. She is currently a student receiving special education services.

- Provide lower-readability materials covering course context
- Provide extended time on tests
- Arrange for student/volunteer readers
- Provide information on accessing materials through recordings for the Blind and Dyslexic (i.e., books on tape)
- Allow access to spell checkers and/or word processing
- Provide information on accommodations for college-entrance/qualifying exams (i.e., PSAT)
- Written directions in addition to oral
- Clearly sequenced instruction
- Visual graphs/charts/diagrams to support instruction
- Provision of computer access
- Seating toward the instructor
- Support/suggestions relative to post-secondary/career options
- Support in the use of organizational/time-management strategies

- Support in the use of strategies to assist memory and problem-solving
- Use of multi-sensory instructional methods (i.e., visual graphs and charts to accompany oral presentation)
- Provide post-secondary or vocational transition planning

#### **LEUKEMIA**

EXAMPLE: The student has recently been diagnosed with leukemia and requires frequent hospitalization. The condition substantially limits the major life activity of learning and caring for oneself.

#### Possible Accommodations and Services:

- Involve area nurse in assessing current limitations and development of health plan
- Provide homebound instruction if needed
- Provide the student with an adjusted school day
- Make needed accommodations during physical education/recess
- Provide rest periods
- Have medical services and medication available at school. Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Support the proper diet as per physical recommendation
- With parent/student permission, have area nurse to educate teachers/staff/peers
- Notify parents of existing communicable diseases at school (i.e., chicken pox, flu, strep throat, etc.)
- Consult with medical staff about individual needs and/or concomitant factors

#### ORTHOPEDICALLY IMPAIRED

EXAMPLE: The student has limited mobility and uses a wheelchair. This condition substantially limits the major life activity of walking.

- Develop a health care and emergency plan
- Implement an adaptive physical education program
- Provide physical therapy at school
- Correct problems with physical accessibility of facilities/pathways between buildings
- Provide extra time to get to class
- Supply a set of textbooks for home
- Provide a copy of class notes from a peer
- Practice emergency exit from school building
- Ensure that access to programs held in the basement or on second or third floors is handicapped accessible
- Ensure that bathroom facilities, water fountains, sinks, etc. are readily accessible
- Provide post-secondary or vocational transition planning

From: A Parent & Educator Guide to Free Appropriate Public Education (under Section 504 of the Rehabilitation Act of 1973), Puget Sound ESD (March 2010)

# STUDENT WITH SPECIAL HEALTH CARE NEEDS

EXAMPLE: The student has a special health care problem and requires clean intermittent catherization twice each day. This procedure empties the bladder and helps prevent urinary tract infections and possible wetting. The school is required to provide trained personnel to perform the procedure or to provide the student a private location to perform the procedure. The condition is substantially limiting in the major life activity of caring for oneself.

#### Possible Accommodations and Services:

- Apply universal precautions
- Provide trained personnel to perform special medical procedures. Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- Provide student with private location and time to perform procedures
- Involve area nurse, parents, teachers, and staff in periodic review
- Allow preferential seating as indicated by need
- Adapt recess, physical education, and transportation
- Adjust classroom environment
- Develop health care and emergency plan
- If necessary, adapt attendance policy
- Establish health alert system whereby every staff member involved with this student is aware of the health problem and of proper procedures
- Provide a beeper/paging system for trained personnel
- Make available homebound services/instruction if needed
- Provide school counseling
- Arrange for in-service to other students and staff with parent/student permission
- Provide post-secondary or vocational transition planning

#### **TEMPORARILY DISABLED**

EXAMPLE: A student was in an automobile accident and will be homebound and/or hospitalized for an extensive period. The student is considered temporarily disabled under Section 504 and should receive accommodations if this disability substantially limits a major life activity for the period of time it does so.

- Provide duplicate sets of texts
- Provide assignments to hospital school
- Tape lessons
- Provide homebound instruction
- Schedule periodic home-school meetings
- Arrange for student to leave class early to get to next class
- Provide access to elevators
- Excuse from or adapt physical education program
- Arrange for a friend to assist student in getting from class to class, provide help with getting lunch tray
- Establish a student support network

- Provide a cordless telephone/beeper/pager
- Provide an interactive system -- computer, e-mail, TV
- Arrange for peer notes
- Change seating arrangements to accommodate needs
- Adapt assignments depending on disability
- Allow more time for test completion
- Allow shortened days; adjust attendance policy
- In-service staff and class and prepare an emergency care plan
- Switch programs /classes to an accessible classroom on the main floor
- Test verbally
- Provide peer assistance for social involvement (i.e., to keep child informed of social activities)
- Furnish life-skill assistance
- Provide area nurse services

#### **TOURETTE'S SYNDROME**

EXAMPLE: The student exhibits inappropriate gestures and sounds in the classroom and hallways. The condition is substantially limiting in the major life activities of learning and caring for oneself.

#### **Possible Accommodations and Services:**

- Provide student with a means of catching up on missed lessons
- Pair with a fellow student for study if indicated
- Educate other students about associated outbursts/gestures/tics
- Arrange for frequent parental interaction if indicated
- Monitor administration/side effects of medication
- Implement a behavior management program if indicated; cue student about inappropriate behaviors
- Provide supervision for transition activities, during periods of "acting out"
- Provide alternative/larger work space or appropriate space for the child to act out if indicated
- Teach compensatory strategies
- Adapt assignments if indicated
- Provide peer/teacher in-service with parent/student permission
- Provide post-secondary or vocational transition planning

# TRAUMATIC BRAIN INJURY

EXAMPLE: The student sustained a brain injury in an automobile accident. Many academic and motor skills have been lost from the injury. The student does not qualify for special education under IDEA. The condition is substantially limiting to the major life activities of learning and performing manual tasks.

#### Possible Accommodations and Services:

- Provide extended school year/time
- Furnish memory/organizational aids
- Provide alternative testing
- Initiate tutoring programs
- Arrange an emergency plan
- Monitor for seizure activity
- In-service staff and peers with student/parent permission
- Monitor fatigue/mental exhaustion
- Provide frequent short breaks during periods of intense concentration
- Shorten the instructional day if indicated
- Provide strategies for organizing/sequencing tasks
- Provide post-secondary or vocational transition planning

#### **TUBERCULOSIS**

EXAMPLE: The student is suspected of having active tuberculosis and must stay home until diagnostic tests are completed. The disease is no longer infectious, but the student is still weak. The condition is substantially limiting to the major life activity of learning.

#### Possible Accommodations and Services:

- Provide home tutor, as necessary
- In-service staff on the need for confidentiality to limit the stigmatization of him or her
- Have the medical evaluator provide feedback to staff
- Train for proper dispensing of medications; monitor and/or distribute medications; monitor for side effects
- In-service staff and students about the disease, how it is transmitted, and how it is treated
- Work with community agency or health department to provide medication and health education materials
- Work with community agency or health department to test students and staff for exposure and/or infection and to determine when the student can return to school
- Provide therapy and dispense medications if student is diagnosed with active TB; observed for side effects; arrange for parents to give medication on holidays and weekends

#### **VISUAL IMPAIRMENT**

EXAMPLE: A student has a progressive medical disorder, which results in increasing loss of visual acuity. He now requires both enhanced lighting and enlarged print materials in order to read.

- Preferential seating
- Adaptations to the physical environment (i.e., consistent room arrangement, removal of obstacles to path of entry)
- Copies of text/reading materials for adaptation
- Modified writing tools (i.e., dark felt tip pens)

- Perkins Brailler
- Slate and stylus
- Raised lines on writing paper
- Dark lined writing paper
- Lighting aids
- Low vision devices including magnifiers, monocular glass, closed-circuit TV
- Desktop slantboard
- Enlarged print materials; textbooks, workbooks, worksheets
- Braille textbooks/reading materials
- Books on tape
- Audiotape recorder, tapes and organizational location (headphones if needed)
- Oral instead of written tests
- Standardized tests (i.e., CAT, SAT) in large print or Braille
- Tactile maps
- Computer with enlarged print screen/adaptations
- Speech synthesizer for input and output
- Screen reading device
- Optical Character Recognition System Scanner
- Mobility devices (i.e., white cane)
- Abacus

# WEIGHT: DIAGNOSIS OF OBESITY, ANOREXIA, AND BULIMIA

EXAMPLE: A student has an extreme eating disorder that may require special accommodations. Obesity may be considered a disability under Section 504 where it substantially impairs a major life activity or is regarded by others as doing so.

- Provide special seating modifications
- Make dietary modifications per physician recommendation
- Adapt physical education program per physician recommendation
- Allow extra time to get to classes
- Educate peers
- Adapt rest rooms
- Provide opportunities for socialization and peer counseling/interaction
- Ensure privacy for self-care
- Provide counseling involving the area nurse
- Provide for elevator privileges per physician's recommendation
- Arrange for counselor/area nurse to supervise peer counseling to deal with esteem issues, peer attitudes, teasing, etc.
- Address busing concerns to ensure room on buses for seating
- Arrange to provide opportunities for the individual to participate in intramural and extracurricular events
- Make any class location changes that may be needed

# **CLASSROOM AND FACILITY ACCOMMODATIONS**

As local districts develop policies and procedures for guiding the referral and identification of students determined to be disabled under Section 504, it is critical that information concerning this law and its impact on local school districts be shared with principals and building-level staff. The intent of Section 504 is to "accommodate" for differences within the regular education environment. For this to be accomplished, all staff must be provided with awareness activities and given specific information concerning the district's procedures for dealing with Section 504 referrals.

As individual students are identified, the classroom teacher may need specific training in the area of the identified disability (e.g., training from the school nurse on a danger signs of an impending asthma attack, training from a physical therapist on correct positioning of a wheelchair-using student at this/her desk, etc.) The following classroom/facility accommodations are presented as examples of ways in which Section 504 disabilities may be successfully addressed within the regular education environment.

The following information provides examples of ways in which the needs of children with disabilities (or Section 504 disabilities) may be accommodated in the regular classroom environment.

AREA OF CONCERN	ACCOMMODATIONS
Parent/student/teacher	Develop a daily/weekly journal.
communications	Develop a daily/weekly journal.     Develop parent/student/school contacts.
	Schedule periodic parent/teacher meetings.
	Provide parents with duplicate set of texts.
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Staff Communications	Identify resource staff.
	Network with other staff.
	Schedule building team meetings.
	Maintain ongoing communication with building principal.
School/community/agency	Identify and communicate with appropriate personnel working with student.
communication	Assist in agency referrals.
	Provide appropriate carryover in the school environment.
Instructional day	Allow student more time to pass in hallways.
	Modify class schedule.
Modification of classroom/building	Plan for evacuation for wheelchair-using students.
climate to accommodate student	Schedule classes in accessible areas.
needs	
Building health/safety procedures	Administer medication.
	Apply universal precautions.
	Accommodate special diets.
Difficulty sequencing and	Break up task into workable and obtainable steps.
completing steps to accomplish	Provide examples and specific steps to accomplish task.
specific tasks (e.g., organized	
paragraphs, division problems,	
etc.)	
Shifting from one uncompleted	Define the requirements of a completed activity (e.g., Your math is finished when
activity to another without closure	all 6 problems are complete and corrected; Do not begin on the next task until it is
	finished).

AREA OF CONCERN	ACCOMMODATIONS
Difficulty following through on instructions from others	<ul> <li>Gain student's attention before giving directions. Use alerting cues. Accompany oral directions with written directions.</li> <li>Give one direction at a time. Quietly repeat directions to the student after they have been given to the rest of the class. Check for understanding by having the student repeat the directions.</li> <li>Place general methods of operation and expectations on charts displayed around the room and/or on sheets to be included in student's notebook.</li> </ul>
Difficulty prioritizing from most to least important	<ul> <li>Prioritize assignments and activities.</li> <li>Provide a model to help students. Post the model and refer to it often.</li> </ul>
Difficulty sustaining effort and accuracy over time	<ul> <li>Reduce assignment length and strive for quality (rather than quantity).</li> <li>Increase the frequency of positive reinforcement (catch the student doing it right and let him know it).</li> </ul>
Difficulty completing assignments	<ul> <li>List and/or post (and say) all steps necessary to complete each assignment.</li> <li>Reduce the assignment into manageable sections with specific due dates</li> <li>Make frequent checks for work/assignment completion.</li> <li>Arrange for the student to have a "study buddy" with phone number in each subject area.</li> </ul>
Difficulty with any task that requires memory	<ul> <li>Combine seeing, saying, writing and doingstudent may need to subvocalize to remember.</li> <li>Teach memory techniques as a study strategy (e.g., mnemonics, visualization, oral rehearsal, numerous repetitions).</li> </ul>
Difficulty with test taking	<ul> <li>Allow extra time for resting, teach test-taking skills and strategies, and allow student to be tested orally.</li> <li>Use clear, readable and uncluttered test forms. Use test format that the student is most comfortable with. Allow ample space for student response. Consider having lined answer spaces for essay or short answer questions.</li> </ul>
Confusion from non-verbal cues (misreads body language, etc.)	<ul> <li>Directly teach (tell the student) what nonverbal cues mean.</li> <li>Model and have student practice reading cues in a safe setting.</li> </ul>
Confusion from written material (difficulty finding main idea from a paragraph, attributes greater importance to minor details)	<ul> <li>Provide student with copy of reading material with main ideas underlined or highlighted.</li> <li>Provide an outline of important points from reading material.</li> <li>Teach outlining, main idea/details concepts.</li> <li>Provide tape of text/chapter</li> </ul>
Confusion from spoken material, lectures and audio-visual material (difficulty finding main idea from presentation, attributes greater importance to minor details)	<ul> <li>Provide student with a copy of presentation notes.</li> <li>Allow peers to share notes from presentation (have student compare own notes with copy of peer's notes).</li> <li>Provide framed outlines of presentations (introducing visual and auditory cues to important information).</li> <li>Encourage use of tape recorder.</li> <li>Teach and emphasize key words (the following the most important point. etc.).</li> </ul>
Difficulty sustaining attention to tasks or other activities (easily distracted by extraneous stimuli)	<ul> <li>Reward attention. Break up activities into small units.</li> <li>Reward for timely accomplishments.</li> <li>Use physical proximity and touch. Use earphones and/or study carrels, quiet place, or preferential seating.</li> </ul>
Frequent messiness or sloppiness	<ul> <li>Teach organizational skills. Be sure student has daily, weekly and/or monthly assignment sheets, list of materials needed daily, and consistent format for papers. Have a consistent way for students to turn in and receive back papers, reduce distractions.</li> <li>Give reward points for notebook checks and proper paper format.</li> <li>Provide clear copies of worksheets and handouts and consistent format for worksheets. Establish a daily routine; provide what you want the student to do.</li> <li>Arrange for a peer who will help with organization.</li> <li>Assist student to keep materials in a specific place (e.g., pencils and pens in pouch).</li> <li>Be willing to repeat expectations.</li> </ul>

AREA OF CONCERN	ACCOMMODATIONS
Poor handwriting (often mixing cursive and manuscript and capitals with lower-case letters)	<ul> <li>Allow for a scribe and grade for content, not handwriting.</li> <li>Allow for use of a computer or typewriter.</li> <li>Consider alternative methods for student response (e.g., tape recorder, oral reports, etc.).</li> </ul>
Difficulty with fluency in handwriting	<ul> <li>Don't penalize student for mixing cursive and manuscript (accept any method of production).</li> <li>Allow for shorter assignments (quality vs. quantity)</li> </ul>
(e.g., good letter/word production but very slow and laborious)	Allow alternate method of production (computer, scribe, oral presentation, etc.).
Poorly developed study skills	<ul> <li>Teach study skills specific to the subject area – organization (e.g., assignment calendar), textbook reading, note taking (finding main idea/detail, mapping, outlining, skimming, summarizing).</li> </ul>
Poor self-monitoring (careless errors in spelling arithmetic, reading)	<ul> <li>Teach specific methods of self-monitoring (e.g., Stop-Look-Listen).</li> <li>Have student proofread work when it is cold.</li> </ul>
Low fluency or production of written material (takes hours on a 10 minute assignment)	<ul> <li>Allow for alternative method for completing assignment (oral presentation, taped report, visual presentation, graphs, maps pictures, etc.) with reduced written requirement.</li> <li>Allow for alternative method of writing (e.g., typewriter, computer, cursive or printing, or a scribe).</li> </ul>
Apparent inattention (underachieve, daydreaming, not there)	<ul> <li>Get student's attention before giving directions, tell student how to pay attention, (Look at me while I talk; watch my eyes while I speak.) Ask student to repeat directions.</li> <li>Attempt to actively involve student in lesson (e.g., cooperative learning).</li> </ul>
Difficulty participating in class without being interruptive, difficulty working quietly	<ul> <li>Seat student in close proximity to the teacher.</li> <li>Reward appropriate behavior (catch student at "being good").</li> <li>Use study carrel if appropriate.</li> </ul>
Inappropriate seeking of attention (clowns around, exhibits loud excessive or exaggerated movement as attention-seeking behavior, interrupts, butts into other children's activities, needles others)	<ul> <li>Show student (model) how to gain other's attention appropriately.</li> <li>Catch the student when appropriate and reinforce.</li> </ul>
Frequent excessive talking	<ul> <li>Teach student hand signals and use to tell student when and when not to talk.</li> <li>Make sure student is called upon when it is appropriate and reinforce listening.</li> </ul>
Difficulty making transitions (from activity to activity or class to class); takes an excessive amount of time to "find pencil," gives up, refuses to leave previous task; appears agitated during change	<ul> <li>Program student for transitions. Give advance warning of when a transition is going to take place (Now we are completing the worksheet, next we will) and the expectation for the transition (and you will need).</li> <li>Specifically say and display lists of materials needed until a routine is possible. List steps necessary to complete each assignment.</li> <li>Have specific locations for all materials (pencil pouches, tabs in notebooks, etc.).</li> <li>Arrange for an organized helper (peer).</li> </ul>
Difficulty remaining seated or in a	• " ' '
particular position when required to	Give student opportunities to get up and move around. Allow space for movement.      Proof tasks down into small increments and give frequent positive reinforcement.
Frequent fidgeting with hands, feet or objects; squirming in seat	<ul> <li>Break tasks down into small increments and give frequent positive reinforcement for accomplishments (this type of behavior is often due to frustration).</li> <li>Allow alternative movement when possible.</li> </ul>
Inappropriate responses in class often blurted out; answers given to questions before they have been completed	<ul> <li>Seat student in close proximity to teacher so that visual and physical monitoring of student behavior can be done by the teacher.</li> <li>State behavior that you do want (tell the student how you expect him to behave).</li> </ul>
Agitation under pressure and competition (athletic or academic) Inappropriate behaviors in a team or large group sport or athletic activity (difficulty waiting turn in games or group situations)	<ul> <li>Stress effort and enjoyment for self, rather than competition with others.</li> <li>Minimize timed activities; structure class for team effort and cooperation.</li> <li>Five the student a responsible job (e.g., team captain, care and distribution of the balls, scorekeeping, etc.); consider leadership role.</li> <li>Have student in close proximity to teacher.</li> </ul>

AREA OF CONCERN	ACCOMMODATIONS
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Frequent involvement in physically dangerous activities without considering possible consequences	<ul> <li>Anticipate dangerous situations and plan for in advance.</li> <li>Stress Stop-Look-Listen.</li> <li>Pair with responsible peer. (Rotate responsible students so that they don't wear out!)</li> </ul>
Poor adult interactions Defies authority Sucks up Hangs on	<ul> <li>Provide positive attention.</li> <li>Talk with student individually about the inappropriate behavior (What you are doing is, A better way of getting what you want or need is).</li> </ul>
Frequent self-putdowns, poor personal care and posture, negative comments about self and others, low self-esteem	<ul> <li>Structure for success.</li> <li>Train student for self-monitoring, reinforce improvements, teach self-questioning strategies (What am I doing? How is that going to affect others?)</li> <li>Allow opportunities for the student to show his strength.</li> <li>Give positive recognition.</li> </ul>
Difficulty using unstructured time – recess, hallways, lunchroom, locker room library, assembly	<ul> <li>Provide student with a definite purpose during unstructured activities (The purpose of going to the library is to check out, the purpose ofis).</li> <li>Encourage group games and participation (organized school clubs and activities).</li> </ul>
Losing things necessary for task or activities at school or at home (e.g., pencils, books, assignments before, during and after completion of a given task)	<ul> <li>Help student organize. Frequently monitor notebook and dividers, pencil pouch, locker, book bag, desks. A place for everything and everything in its place.</li> <li>Provide positive reinforcement for good organization.</li> <li>Provide student with a list of needed materials and their locations.</li> </ul>
Poor use of time (sitting, staring off into space, doodling, not working on task at hand)	<ul> <li>Teach reminder cues (a gentle touch on the shoulder, hand signal, etc.).</li> <li>Tell the student your expectation of what paying attention looks like: (You look like you are paying attention when).</li> <li>Give the student a time limit for a small unit of work with positive reinforcement for accurate completion.</li> <li>Use a contact, timer, etc., for self-monitoring.</li> </ul>

Resource: Anchorage School District – Attention Deficit Disorders, Suggested Classroom Accommodations for Specific Behaviors