



Special Education and Section 504 Services Toolkit for School Nurses

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This document can be accessed from the Tennessee Department of Education (TDOE), [Coordinated School Health](#) webpage.

Introduction

The National Association of School Nurses (NASN) defines school nursing as a specialized practice of nursing which protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential.

School nursing is a unique specialty practice of professional nursing, and the school nurse is often the only health care provider in the educational setting. School nurses ensure all students are safe, healthy, and ready to learn. As the link between the education and healthcare communities, the school nurse also has a role as a member of the special education and 504 team, providing important information regarding health and medical issues for students.

Students may need medical or health interventions to successfully access their education. The individual needs of the students and the needs of the school community determine how to accomplish this. School nurses should understand the basics of the special education and Section 504 process and the school nurse's role in identifying, evaluating, and planning for the education needs of students with health concerns.

The purpose of this toolkit is to serve as a practical guide to support school nurses in understanding their role in the Individualized Education Program (IEP) and Section 504 plan process and ensuring students with health needs are safe and ready to learn. This toolkit contains information on the role of school nurses in Special Education and Section 504-related services, frequently asked questions, and example forms and resources that can be adapted and customized to meet the needs of schools and LEAs.

This document is not intended to replace any federal or state laws, regulations, or requirements and nothing in this document should be seen as having the force of law. LEAs must adhere to federal and state law and the rules and regulations of Tennessee and the Tennessee State Board of Education.

In addition to this toolkit, LEAs can use the [Guidelines for Healthcare in a School Setting](#), to create and update health services policies and procedures and ensure alignment with state and federal laws and regulations and nationally recognized standards.

Individuals can access additional information on the department's [Special Education](#) webpage, including rules, regulations, policies, and related guidance and links.

Interested parties can access additional information about special education and Section 504 from the [Rules of the Tennessee Department of Education & State Board of Education](#) webpage.

Commonly Used Acronyms

Acronym	Represents
Section 504	Section 504 of the Rehabilitation Act of 1973
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ADHD	Attention-Deficit Hyperactivity Disorder
APD	Auditory Processing Disorder
APE	Adaptive Physical Education
AT	Assistive Technology
BIP	Behavior Intervention Plan
DD	Developmental Delay
dB	Decibel
DNR	Do Not Resuscitate
EAP	Emergency Action Plan, may also be referred to as Emergency Care Plan
ECP	Emergency Care Plan, may also be referred to as Emergency Action Plan
ED	Emotional Disturbance
ELL	English-language Learners
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FBA	Functional Behavior Assessment
FERPA	Family Educational Rights and Privacy Act
HI	Hearing Impairment, Hearing Impaired
HIPAA	Health Insurance Portability and Accountability Act
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IHP	Individual Health Plan, Individualized Healthcare Plan
LD	Learning Disability
LEA	Local Education Agency
LRE	Least Restrictive Environment
MDT	Multi-disciplinary Team
NVD, NVLD	Nonverbal Learning Disability
 OCD	Obsessive-compulsive Disorder
OCR	Office of Civil Rights
ODD	Oppositional Defiant Disorder
OHI	Other Health Impairment
OSEP	Office of Special Education Programs
OT	Occupational Therapist, Occupational Therapy
PLAAFP	Present Levels of Academic and Functional Performance
PT	Physical Therapist, Physical Therapy
PTSD	Posttraumatic Stress Disorder
PWN	Prior Written Notice
RTI	Response to Intervention
SEA	State Education Agency

SLD	Specific Learning Disability
SLP	Speech/Language Pathology/Pathologist
SPD	Sensory Processing Disorder
SPED	Special Education
TBI	Traumatic Brain Injury
VI	Visual Impairment, Visually impaired

The School District's Responsibility for Students with Special Health Care Needs

Federal and state statutes and regulations guide how special education is provided in schools, including the process and eligibility of students for services. The LEA and school nurse are responsible for understanding the federal and state laws related to working with students with disabilities, long-term illnesses, and other health conditions. With the increasing number of students with chronic health conditions in schools requiring and receiving nursing care and other health services in school, nurses should understand federal and state regulations as they relate to students with health conditions.

Federal Requirements

The federal laws that primarily impact how special education is provided in schools are listed below.

The Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act (Section 504), and the Americans with Disabilities Act (ADA) require that each student with disabilities attending public school be able to participate fully in the academic program. Specifically, this means that students must have access to necessary health care during the school day and for school-sponsored activities, even when they occur outside of regular school hours or off school property. These laws require that health services for student health needs be provided if such services are needed for students to access their education.

FERPA

FERPA is the primary federal legislation that impacts record keeping in public schools, including the records of school health and related services personnel. School health records, which are records maintained by the school nurse, and records sent to a school by outside health care agencies are considered education records under FERPA. FERPA requires LEAs to protect the confidentiality of all student records, including student health records, and to provide the parent/guardian with access to their child's school records. See 20 U.S.C. § 1232g.

IDEA

The IDEA requires LEAs to provide a free appropriate public education (FAPE) to students with disabilities. The IDEA requires a student to have a qualifying disability listed in the IDEA and to need special education and related services in order to qualify for an IEP. Students who are eligible are entitled to specialized instruction and any related services that are necessary for the student to benefit from the specialized instruction, including health services. School nurses are often involved with many of the students who are eligible under the IDEA, especially for students who are eligible under the “other health impairment” category. *See* 20 U.S.C. § 1400, *et. seq.*

Section 504

Section 504 of the Rehabilitation Act of 1973 is a broad civil rights law that prohibits discrimination based on disability in schools that receive federal financial assistance. *See* 29 U.S.C. § 794. All public schools and the state department of education must comply with Section 504. This law protects a qualified student with a disability regardless of whether the student needs special education. Section 504 prohibits discrimination and levels the playing field for students. The civil rights protections of Section 504 also apply to students with IEPs.

Health and Education Plans

There are several plans that support the education, health, and safety needs of students and ensure students with disabilities have the planning, services, and accommodations necessary for school success. Plans should be created in collaboration with the student, parent/guardian and school staff. Health and education plans support student-centered health and learning. Plans should be updated annually and as needed.

It is Imperative that significant medical and health needs are documented on the appropriate health and/or education plan(s) and that school staff who will be working closely with the student receive communication regarding the plan(s).

Additional information about health and education plans can be found in the [Guidelines for Healthcare in a School Setting](#).

Education Plans

IEP

An IEP is a written plan for each student with a disability that is developed, reviewed, and revised in accordance with state and federal laws. An IEP may require related services, such as health services, physical therapy, speech/language therapy, and/or occupational therapy, to support and assist a student with a disability.

Not every student with a disability is eligible for an IEP under the IDEA. The IDEA recognizes 14 federal disability categories, and Tennessee recognizes an additional two disability areas. Having a disability in one of the eligible categories does not guarantee that a student will receive an IEP. The student must, as a result of one or more of the qualifying disabilities, have an adverse educational impact and require special education (or specially designed instruction) in order to make progress in school. See 34 C.F.R. § 300.8; State Board of Education Rule 0520-01-09-.03.

The health component of the IEP should include conditions requiring nursing services during the school day. The school nurse should be included in the development of the IEP when any student with health needs is being addressed. Relevant health information should be made available by the school nurse for staffing and educational planning. Students who have an IEP should have their EAP and/or IHP referenced in the IEP. Components of the EAP/ECP and/or IHP may be incorporated in the IEP if there are services or learning needs appropriate for inclusion.

504 Plan

A 504 plan is a written document developed by a 504 review committee/504 team that states a student's disability, and the special education or related aids and services, including modifications to be provided to the student. If a student has a mental or physical impairment that substantially limits one or more major life activities, then the student may require an evaluation to determine if a 504 plan is appropriate. A 504 plan addresses the unique learning needs of students with a disability and provides accommodation(s) so that a student has equal access to school programs and activities to meet their learning needs. The 504 accommodations needed by the student can be viewed as actions that help to "level the playing field." The student must have a disability that substantially limits one or more major life activities, which include major bodily functions, even if their impairments do not substantially limit learning.

The school nurse's role may include explaining the observed impact of the health condition on a student's participation in school and how the disability interferes with one or more life functions and recommending health-related accommodations or supports so the student has equal access to education.

Additional information and resources can be found on the TDOE, [Special Education](#) webpage and the [Section 504](#) webpage under civil rights.

Health Plans

The school nurse assesses, plans, implements, and monitors IHPs and emergency care plans for students with chronic health conditions.

IHP

IHPs are tools used by the school nurse to record important details about a student's medical needs, triggers, signs, symptoms, medication and other treatments. At a minimum, all IHPs will include emergency care procedures, a nursing assessment, physician's orders, and parent/guardian authorization. Your school

may complete an IHP for students with a chronic health condition at the beginning of each school year, when a student enrolls, or when a student is diagnosed with a condition. IHPs should be updated annually and whenever an individual student's condition or medical needs change.

IHPs are created by the RN as warranted by the student's health condition or diagnosis. Development and implementation of IHPs ensure all necessary health information, needs, and interventions are considered to maximize the student's participation and performance in school. The responsibilities of school staff directly involved in student care should be outlined in the IHP and/or EAP/ECP and be clearly understood.

During the process of developing an IHP, the school nurse can use the information obtained to assist with eligibility determination and, when indicated, to assist IEP and 504 Plan teams to determine educational modifications and accommodations.

Nursing services necessary for the student to receive FAPE should be listed as a related service in the 504 Plan or IEP and IHPs should be referenced in the 504 Plan or IEP. IHPs are usually developed without applying the procedural safeguards required under Section 504 therefore LEAs with a practice of developing IHPs without considering the need to conduct a 504 evaluation should reconsider this practice. Local board attorneys should be consulted for guidance regarding this matter. Some students may have healthcare needs that do not meet the eligibility requirements for Section 504 or special education. As appropriate, these students may be provided with an IHP.

EAP/ECP

The EAP/ECP is a form a student's health care provider and/or school nurse develops to address a potential medical emergency that requires quick action to maintain health and safety of the student. The terms EAP and ECP may be used interchangeably. Any health condition that has the potential to become life-threatening requires an EAP/ECP. The EAP/ECP is used by non-medical staff who may respond to an emergency and should be written in language that non-medical staff can understand, including clear action steps that non-medical staff follow when responding to an emergency. The EAP can also be incorporated into, referenced, and/or attached to the 504 plan or the IEP. Some students may have emergency healthcare needs that do not meet the eligibility requirements for Section 504 or special education but would still need an emergency plan.

Some LEAs use the EAP/ECP provided by the student's health care provider and others create their own forms to be used by the LEA.

The School Nurse as an Important Special Education and Section 504 Team Member

The school nurse is an essential member of multidisciplinary educational teams and works collaboratively with other team members by participating in the identification, evaluation, and development of plans for students eligible for services through the IDEA and Section 504. School nurses should be involved in meetings where an IEP or Section 504 plan related to a student's health condition is being discussed and developed.

School nurses are vital to ensuring the civil rights of all students so they can achieve optimal success and health at school. School nurses have the knowledge and experience to evaluate the health of students to identify health-related barriers to learning, and the health-related accommodations necessary to provide access to education. School nurses should understand basic information about the special education and 504 process and their role in identifying, evaluating, and planning for the educational needs of students with health concerns.

Students risk academic failure if health-related barriers are not recognized, interpreted, and addressed. School nurse input assists with determining the impact that health conditions have on learning and on the ability of individual students to participate in their educational programs. School nurses can identify students with health-related disabilities and must refer a student for an evaluation if the student needs supports, services, or specialized instruction as a result of the student's disability.

In summary, the school nurse can be an essential team member involved in the planning, implementation, and evaluation of IEPs and Section 504 Plans. For a student with health-related needs, the school nurse can identify health accommodations, outline a plan of care, provide nursing services, and evaluate the health-related components of the IEP and/or 504 Plan.

The School Nurse's Role in the Special Education or 504 Process May Include¹:
Assisting in identifying students who may need special education or health-related services/accommodations (Child Find);
Assessing the identified student's functional and physical health status in collaboration with the student, parent/guardian, teachers and other school staff, and healthcare providers;
Developing IHPs and EAPs based on nursing assessments;
Recommending health-related accommodations or services that may be required for the student to access the educational program;
Assisting students, parent/guardian, and teachers to identify and remove health-related barriers to learning;
Providing in-service training for teachers and staff regarding the student's individual health needs;
Training and supervising unlicensed assistive personnel (UAP) to provide specialized healthcare services in the school setting according to the Tennessee Board of Nursing Rules and Regulations;

¹ Adapted from the National Association of School Nurses Position Statement, IDEA and Section 504 Teams - The School Nurse as an Essential Team Member

Participating in transition planning, including promotion of successful post-school employment and/or education, and transition of medical care; and

Evaluating the effectiveness of the health-related components of the IEP and/or 504 plan with the student, parent/guardian, and other team members and revising the plan(s) as needed.

The School Nurse's Role in the Special Education Process

Additional information about special education is in the TDOE Special Education Framework document on the department's [Special Education](#) webpage.

The purpose of the Special Education Framework is to support educators in writing instructionally and appropriate IEPs. The framework is organized into three sections: (I) general information about special education; (II) writing IEPs and (III) implementing the IEP.

The school nurse is an essential part of the Special Education team. Working with the IEP team, the school nurse identifies any health concerns or conditions that might impact a student's learning and school environment and the student's need for nursing services during the school day by collecting, providing, and interpreting the student's health information. The student's IEP team determines whether a student's IEP will include nursing services as a related service. If nursing services are included in the IEP, documentation will include the initiation date of services and the frequency, duration, and location of services.

Overview of Special Education

Research and practice have demonstrated that several factors are necessary to significantly improve outcomes for students with disabilities. In order for all students to receive meaningful instruction and services, schools must provide:

- high expectations for students with disabilities;
- appropriate differentiation and scaffolding to support students with disabilities in participation and progress towards the general education curriculum;
- meaningful opportunities for parent(s)/legal guardian(s) to participate in the development, review, and revision of the individualized education program (IEP) and participate in the education of their children at school and home;
- appropriate supplementary supports and services in the general education classroom whenever appropriate;
- effective systems of behavior support at the school, class, and individual level;
- appropriate skills and knowledge for those who work with students with disabilities to help such students meet academic and functional goals;
- preparation for students to transition to adult living and learning to lead productive, independent adult lives to the maximum extent practicable; and
- high-quality resources and instructional supports focused on teaching and learning.

Additionally, to foster a respectful and inclusive environment, teachers and leaders should recognize special education as part of the continuum of services and supports, rather than as a location where struggling students are sent. Special education should be considered the most intensive intervention in relation to the tiered interventions outlined in the [RTI² framework](#).

It is important to note that students with disabilities may also belong to other subgroups (e.g., English learner (EL), migrant, immigrant, homeless, neglected and delinquent, economically disadvantaged, etc.). These students may require additional accommodations, modifications, and supports so that they can access the special education services.

The special education process is a series of steps: identification, evaluation, eligibility, and IEP development, which includes the provision of special education services. The school nurse has several responsibilities related to the IEP process, including identification of eligible students, provision of health services, delegation and supervision of personnel providing special health services; assessment of the student's functional and physical health status; and development of healthcare plans. School nurses also aid the parent/guardian by connecting them with community resources, assisting the parent/guardian and teacher with removing health-related barriers to learning, providing in-service education to school staff about the student's health needs, and evaluating the effectiveness of the health components in the IEP.

Identification

LEAs must identify students with disabilities within the LEA and notify the parent/guardian of students with disabilities of their procedural safeguards under the IDEA. *See* 34 C.F.R. §§ 300.111, 300.503.

There are various ways a student may be identified as needing special education services. Child Find is the identification process mandated by the IDEA and requires each state to adopt policies and procedures to locate and evaluate children suspected of having educational disabilities. *See* 34 C.F.R. § 300.111(a). It requires schools to seek out, identify, and evaluate all youth (ages 3-22) with disabilities, whether or not they are homeless or enrolled in public or private school, regardless of the severity of their disability. *See also* Tennessee State Board Rule 0520-01-09-.02(a)(3), -.05(1).

In addition, Child Find responsibilities apply to students who are migrants, English learners, and those in correctional facilities (*See* 34 C.F.R. § 300.111 for General Child Find regulations; 34 C.F.R. § 300.131 for Child Find regulations regarding parentally placed private school children with disabilities). Due to the impact of an educational disability, it is important that effective, ongoing efforts are made to inform the general public of the Child Find responsibilities placed upon LEAs to locate all children who may need special services. School nurses should be active in Child Find activities.

In order to achieve the overall goal of locating and effectively serving all children in the state of Tennessee with potential disabilities that could impact learning, each LEA is encouraged to develop a comprehensive approach that encompasses the following three components:

1. **Child Find:** Each LEA is encouraged to designate a Child Find coordinator whose duties include developing and implementing effective, ongoing Child Find efforts within all of the schools operated by the LEA.
2. **Interagency Cooperation:** Staff in other agencies which serve children often have opportunities to interact with children and their families and gain insights that may not occur within the local school setting. LEAs are encouraged to develop partnerships with all agencies in their geographic region which serve children. Interagency cooperation should include:
 - homeless shelters
 - migrant tutor or recruiters
 - refugee resettlement agencies
 - preschools
 - private schools and homeschool collaboratives
 - residential settings

Title X, McKinney-Vento Homeless Act states, “The IDEA requires that homeless preschoolers and all homeless children be included in the ‘Child Find’ process for early identification of special education needs. It is recommended that, when possible, the eligibility process for identifying special needs be expedited to avoid delays in services provided to eligible children caused by frequent mobility.”

3. **Public Awareness:** Effective school screening programs and collaborative working relationships with other agencies serving children will result in many children who have special needs being identified; however, these efforts may still miss some children who are in need of services.

Public Awareness Tools and Strategies

Types of media that may be effectively utilized in an awareness campaign	Activities that may be helpful in implementing an awareness campaign
Letters to parent/guardian <ul style="list-style-type: none"> • Translated/interpreted, if needed 	Presentations at parent teacher association (PTA)/parent teacher organization (PTO) meetings, cultural centers, and other group meetings
Radio and television (public service announcements) <ul style="list-style-type: none"> • English and Spanish radio stations 	Migrant education family awareness in areas of higher migrant family residence
Newspaper (human interest stories)	Presentations at professional, civic, and community organizations
Posters	Contacts with churches and other religious centers
Brochures or flyers	Contacts with physicians/health care providers
Internet web sites and/or other approved forms of social media	Contacts with child care providers
Newsletters to school staff and other external agencies	

Response to Intervention (RTI) is another mechanism that LEAs can use to intervene early to assist students who are at risk. RTI uses tiered early intervention programs that provide targeted support to see if students

can progress in school with the help of additional evidence-based interventions. LEAs can also use RTI to provide assistance to any student struggling academically. If, under RTI, a student is not progressing or if a student is suspected of having an educational disability, a referral for evaluation for special education must be made. Referrals can also be made by the parent/guardian, health care provider, school nurse, teacher, or any school staff who feels evaluation is in the best interest of the student.

Evaluation

An evaluation must be considered any time a student is suspected of having a disability, which may be the results of a parent, teacher or healthcare provider referral. The LEA must obtain parent/guardian consent to proceed with evaluation if the team finds sufficient data to suspect that the student may be a student with a disability. A comprehensive evaluation must occur prior to determining the student's eligibility and initial placement of a student with a disability. *See* 34 C.F.R. § 300.301.

The school nurse should be involved in the pre-referral and referral process to determine if there may be a health-related need that is impacting learning or is educationally significant. The nurse's involvement in the evaluation should be based on the needs of the student and not based on a certain diagnosis or disability category.

Once parent/guardian consent is obtained, the LEA has 60 calendar days to conduct the evaluation and determine eligibility. *See* 34 C.F.R. § 300.301(c)(1). Any student being evaluated or re-evaluated for special education services shall be assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, communicative status, and motor abilities. *See* 34 C.F.R. § 300.304(c)(4).

The IEP team consists of the parent/guardian of the child, the child (if appropriate), at least one regular education teacher of the child, one special education teacher of the child, a representative of the public agency, an individual who can interpret the instructional implications of the evaluation results, and as indicated, any other individuals who have special expertise, including related services personnel such as the school nurse. *See* 34 C.F.R. § 300.321(a).

The IDEA mandates that individuals with appropriate expertise in the area of concern must conduct an evaluation and determine additional data needed. *See* 34 C.F.R. § 300.305(a). The school nurse is a multidisciplinary evaluation team member who is qualified to evaluate health-related concerns and can conduct a comprehensive health evaluation. The health evaluation identifies information about potential health-related barriers to learning. In addition, it assists with determining if the student requires special education programs, related services, or health accommodations and provides the basis for a student's IHP and/or EAP/ECP. If a health evaluation is not conducted by the school nurse, the evaluation team may lack important health related information.

Referral information and input from the student's parent/guardian, teacher/s, and special education team lead to the identification of specific areas to be included in the evaluation. The IEP Team meet to determine which domains or areas need further evaluation. Several assessment areas are considered during the referral meeting (e.g., academic achievement, cognitive functioning, health, vision, and hearing, etc.). The team determines the information available in each domain/area and what additional information is needed to determine the student eligibility and need for special education and related services.

School nurses, as the health experts in the school, should be consulted regarding the information needed in the areas of health, hearing, and/or vision. A medical diagnosis is not an evaluation but is a reason to consider the impact of the diagnosis on learning, and teams should consider all information provided when making evaluation decisions. The initial evaluation must include a complete review of a student's medical and health status. When completing a comprehensive evaluation, the nurse should ensure the evaluation is sufficient to assist the IEP team in determining if the health condition is adversely affecting the student's educational performance and how identified health barriers to learning can be reduced.

The evaluation must identify the student's functional performance and academic and non-academic needs. The IEP team must select the necessary assessments to determine the student's unique needs. Health assessments conducted by the school nurse contribute to knowledgeable team decisions about special education eligibility, programming, and planning. The health assessment, completed by the school nurse, should include a collection of subjective and objective information about the student. Subjective information should include student and parent/guardian concerns about the student's health and the school staff's perceptions about how the student's health impacts learning. Objective information can be collected by conducting a health history. It is encouraged that the school nurse uses a standardized health history form when conducting the interview with the parent/guardian. Utilizing a standardized health history form ensures that similar data is collected any time an evaluation is conducted. An interview (face-to-face or phone) should be conducted by the school nurse with the parent/guardian. The nurse should ask questions about current and past health history, current conditions and treatments/medications, behavioral concerns, and developmental history.

Some LEAs may allow the parent/guardian to complete the health history independently and return it to the school. If the health history is independently completed by the parent/guardian, it is encouraged for the school nurse to contact the parent/guardian to review the form. Objective assessment by the school nurse might include a head-to-toe assessment of the student, current height or weight measurement, vision and hearing screening results, and data from education records, health care provider records, and others. If an IEP team needs objective assessment data obtained from the school nurse that will assist with eligibility or programming and planning, consent would be obtained unless the data needed was already obtained via a health screening (e.g., hearing, vision). LEAs should consult their local board attorney regarding health screenings and ensure conducting screenings is in accordance with Tenn. Code Ann. § 49-1-1002 and any other applicable state and federal laws.

Upon completion of the health assessment, the school nurse should complete a summary/report that includes and describes all the relevant health data. The report should use language that is easily understandable. The summary provided by the school nurse should include what school nursing and/or school health services are needed, the student's strengths, and any health difficulties that impact the student's learning. The school nurse's summary is a description of the health conditions that are currently impacting the student in the educational environment and the healthcare needs of the student at school and is the basis for the determination of special education and related services recommendations in the area of health and should be included in the special education documentation and presented at the student's eligibility determination meeting. Data from the school nurse's health assessment is used to write a summary in the Evaluation Report. Data from the health assessment relevant to determining eligibility for special education services should be included (e.g., current and past health history). Other information gathered in the health and physical assessment may be important but may not always be relevant to special education and/or impact the student's learning. A sample summary report can be found [here](#).

Eligibility

An eligibility determination meeting is held once the members of the IEP team have completed the full and individual evaluation. The domains/areas that were assessed are reviewed at the eligibility meeting so the IEP team can determine if the student has an educational disability/ies and if the disability/ies adversely impact the student's educational performance. Once eligibility has been determined, the IEP team considers the evaluation results to determine if the student has educational deficits that require special education and/or related services. During the eligibility meeting, the student's performance is reviewed and interpreted so the team can make informed programming decisions. The school nurse may provide an oral or written summary when findings in the health domain are significant.

Students with significant health barriers to learning often qualify under the Other Health Impairment category and may require school nursing or school health services. Other categories that may require school nursing services include Traumatic Brain Injury, Multiple Disabilities, and Orthopedic Impairment.

The student's unique educational needs, not medical diagnosis alone, should determine a student's eligibility for special education. Health care provider recommendations should be considered by the IEP team but only the IEP team can determine educational eligibility and what educational services are needed. If medical information is available, it should be considered as part of the IEP team's evaluation but must not be the sole component. School personnel may not require the parent/guardian to obtain a medical diagnosis before proceeding with an educational evaluation.

When a student's disability poses barriers to learning but does not require specialized instruction, a Section 504 Plan may be indicated. A student who meets the qualifications for a Section 504 plan is entitled to accommodations within the general education curriculum. Additional information about Section 504 plans can be found in the [Section 504 Process](#) section.

In order to provide appropriate services and supports to students suspected of having an educational disability, the team must first appropriately evaluate and determine the presence of an educational disability and the way in which the disability adversely affects educational performance. This begins within the pre-referral process and extends through evaluation and eligibility determination. All Procedures and requirements governing the referral, initial evaluation, and re-evaluation of students with disabilities is on the department's [Special Education](#) webpage.

IEP Services

Each public school child who receives special education and related services must have an IEP. Each IEP must be individualized for the student. An IEP is a written document for a student with one or more disabilities, which is developed, reviewed, and revised annually by the IEP team. Federal and state laws and regulations specify the information that must be documented in each student's IEP and require that an IEP be in place by the beginning of the school year. See 34 C.F.R. §§ 300.320–300.324.

Generally, the document identifies the student's individual needs based on their specific area(s) of exceptionality (deficit) and how the school will strategically address those needs. It also identifies how teachers and interventionists will provide specially designed instruction, support students in the general education curriculum, and provide access to the same grade-level learning standards as the student's non-disabled peers.

The school nurse should help the IEP team write academic and/or functional goals that require school nurse services (e.g., developing self-management skills) if appropriate. The school nurse should monitor and report on the student's progress on any relevant IEP goals as specified in the IEP. The IEP for a student with a health-related need might include continuous nursing services for students, nursing services necessary to benefit from an education, consultation between health care providers and school staff, and the school nurse's involvement in the student's IEP.

Additional information about writing the IEP, including information on IEP components (e.g., Considerations) student strengths, medical information, concerns, etc.), can be found in the Special Education Framework on the department's [Special Education](#) webpage. The Instructionally Appropriate IEP (IAIEP) is an individualized plan for a student with an educational disability, which is developed, reviewed, and revised annually by the IEP team. The [IAIEP Self-assessment tool](#) can assist with creating high-quality, compliant IEPs.

Once a student is deemed eligible, an IEP meeting must take place within 30 days. See 34 C.F.R. § 300.323(c)(1). If this is the student's initial IEP, an IEP meeting must occur, so the parent/guardian can provide for special education services. During the IEP meeting, the IEP team develops and reviews the IEP for the student.

Measurable Annual Goals

All related services covered in the IEP, including school health and nursing services, must have measurable annual goals. See 34 C.F.R. § 300.320(a)(2). Annual goals that are health-related should be developmentally appropriate and relevant educationally.

The IEP team should develop Measurable Annual Goals that answer these questions:

- What specific skill(s), academic and non-academic, does the student need in order to access the content of the curriculum and close the gap identified in the deficit area?
- What skills are required to demonstrate proficiency on assessed state standards?
- For students identified as Intellectually Gifted, what goals are necessary to address the academic and non-academic needs that are causing an adverse education impact?

Measurable Annual Goals at a Glance

Given...	Describe the given. (condition/materials/setting/accommodation)
student name	Include the student's name as this goal is individualized to their needs.
will do what	Describe the behavior in measurable, observable terms using stems from standards (i.e. what will he or she actually do)
to what extent/at what mastery	Explain the level (how well) the student must demonstrate mastery.
in this many chances	explain the number of times needed to demonstrate mastery (how consistently)
with chances repeated this often	Describe the evaluation schedule: how often will the student have the opportunity to show mastery?
as measured by	Describe the method. How the goal will be measured

Example Template:

Given (condition/materials/setting/accommodation), (student name) will (do what / observable skill/behavior in functional terms), (to what extent/how well to determine mastery), (# of times/frequency/how consistently), by (how often), as measured by (measure).

Short-term Objectives

Measurable annual goals (MAGs) are larger skills that require the integration and synthesis of many smaller, more discrete skills. For students assessed on the alternate assessment, identifying these smaller skills within the short-term objectives assist the team in planning and delivering meaningful instruction, intervention, accommodations, and/or modifications in order to meet the larger goal.

As with MAGs (measurable annual goals), the focus of short-term objectives is on increasing access and participation and the skills within the objectives and may support multiple skills the student is working on beyond the goal to which they are aligned. Interlacing these skills in as many natural ways as possible within daily instruction and intervention will support the student's mastery and generalization.

Short-term objectives are:	Short-term objectives are not:
Skills that need to be directly taught	Accommodations
Student behaviors that demonstrate understanding and application of skills	Interventions or programs of curriculum
Separate skills required to meet the goal	Projected timelines of mastery aligned to progress reporting
Skills and behaviors that a student must master to achieve independence that are generalizable beyond the school setting	Skills specific to the classroom or school setting only

IEP development also consists of determination of special education service, setting of the services, and frequency and duration of the services, meaning where and how often the student will receive special education and/or related services. Members of the IEP team should describe the student's special education and related services, to include the number of minutes/hours of service the student will need, the frequency of the services the student will need, and where the services will be delivered. The school nurse should document what services they will be providing the student. In addition, the care provided by the school nurse should be outlined in the student's IHP and the IHP may be referenced in the IEP. This is helpful in the event that a procedure or medication changes. If the student has an emergency plan, this should be referenced in the IEP.

Time spent on all health-related activities should be included (e.g., documenting in the student's health record, consulting with school staff). Even if the school nurse is not providing daily services, they are monitoring student health status and consulting with school staff which are health-related activities.

Example Minutes Calculation

The school nurse will administer gastrostomy tube feedings daily in the lunchroom for 30 minutes according to the current medical orders and individualized health plan on file in the health office: 30 minutes X 5 days=150 minutes/week.

IEP

School nurses can use a health interview/assessment tool to gather the information needed for a special education evaluation and should use their professional judgment to determine whether health-related information is relevant to the student's educational program and what health services are needed during the school day and school-sponsored events to ensure that all needs are met. The student's health history should be reviewed & summarized, if necessary.

If nursing or health services are needed during the school day and/or during school sponsored events, they should be documented in the IEP as a related service. Services are listed as either special education or related services and both have an option for consultation. The section where services are entered is called, "Supplementary Aids, Services, and LRE." There is also a section to address the need for supports or training needed by school personnel in order to support the student in their goals. This is where a nurse may provide training to staff about a student's specific health/medical needs. Pertinent health information should be documented in the IEP under present level of achievement and functional performance (PLAAFP) and should include any interpretation of results related to the health condition and should include the impact on the student's ability to learn or participate in the educational program. The effectiveness of the health-related components of the IEP should be reviewed annually and revisions made, as needed. Assessments can be used when the student has a complex medical/health history and additional information is needed to understand how the condition impacts school participation and learning, or if there is little to no information about the health condition.

Documentation

School nurse services are documented in the IHP and/or ECP for students with and without disabilities. School nurses are also involved with students who are or may qualify for special education services. Services may also be noted on 504 Plans for students who have disabilities but do not need specially-designed instruction.

School nurses should be invited to participate in special education eligibility meetings for students with significant health or medical needs. School nurses can help the team understand medical information and inform the team of possible educational impacts the student's health condition may cause.

The school nurse may conduct their own assessment of student needs and document results in the Evaluation area of the Previous Eligibility Determinations and Evaluations section of the re-evaluation summary report. The school nurse can assist the team to consider or describe health or medical needs and concerns as the IEP is developed.

The IEP may specify school health services or school nurse services as a related service. Documentation of a student needing nursing services while being transported to/from school should be documented under the Special Transportation section of the IEP. Schools should develop the IHP and/or ECP to outline how the student's care will be provided during transportation. It is not encouraged to detail specific nursing services

provided or medication to be administered during school in the IEP due to the frequency of changes to medical orders. Rather, the interventions should be documented on an IHP. The IEP should include the anticipated frequency, duration, location, and initiation date of services. For students that require a continuous, one-to-one nurse, the IEP should specify the frequency, duration, and location of this service.

All related services provided to the student must be documented in the IEP. *See* 34 C.F.R. § 300.320(a)(4). Nursing services should be documented as a related service in the Supplementary Aids, Services, and LRE sections of the IEP. LEAs may also add supports and training in the Supplementary Aids, Services, and LRE section of the IEP to include the school nurse's consultation with the IEP team on how the child's health condition's effect on their ability to learn.

Direct Nursing Services are the time spent providing a "face-to-face" related service to a student (e.g., medication administration and management, treatments). The amount of time listed in the IEP is determined by the length of time it takes to provide the face-to-face service to the student. It can be indicated in increments such as daily, weekly, monthly, per school year.

Consultation Nursing Services in the IEP are the time spent providing the ongoing planning, consultation, training, and adapting. Examples of consultative nursing services include case coordination, medication management, training school staff on a student's health condition, communication with the parent/guardian, health care providers and other agencies, and delegation. Direct services do not have to be listed in the IEP for indirect services to be included.

A Nursing Statement of Need describes the student's need for nursing services in the IEP plan. This statement of need includes the need, time, and frequency.

If a student is not making progress with the academic interventions the school has provided, the LEA must re-evaluate the interventions provided to that student to ensure the student's educational program is reasonably calculated to ensure the student is making progress appropriate in light of his or her circumstances.

All services in IEPs must include a specific description of the frequency, amount, and duration of services. *See* 34 C.F.R. § 300.320(a)(7). School nursing services might be included in the IEP as a related service. Related services are "transportation and developmental, corrective, and other supportive services required to assist a student with a disability to benefit from special education (e.g., medication management, health condition monitoring, etc.).

IEP teams meet at least annually to review the student's progress and update the special education services in the IEP. When school nursing services are being discussed, the school nurse should attend the meeting.

The School Nurse's Role in the Section 504 Process

Additional information about Section 504 is in the department's [Section 504 Guide & Model Policies and Procedures](#) document.

The purpose of the Section 504 Guide is to serve as a guide for LEAs regarding their obligations under Section 504 of the Rehabilitation Act of 1973 (Section 504), Title II of the Americans with Disabilities Act of 1990 (Title II) and the Americans with Disabilities Amendments Act of 2008 (ADAA). The guide serves as guidance to Section 504 Coordinators, ADA Coordinators, LEA staff and other agencies serving students with disabilities in the development of policies and procedures required by federal law. The guide includes model policies and procedures that comply with the mandates of Section 504.

Section 504 eliminates educational barriers to ensure students with disabilities receive an education comparable to nondisabled peers. Section 504 defines a person with a disability as anyone 1) has a mental or physical impairment that substantially limits one or more major life activities, 2) has a record or such an impairment, or 3) is regarded as having such an impairment. See 34 C.F.R. § 104.3(j)(1).

The school nurse's role as the qualified professional for health and medical issues is the same as in the Special Education Process.

Overview of Section 504

Section 504 is federal civil rights law that prohibits disability-based discrimination in programs and activities that receive federal funds. All public school districts and public charters schools receive federal funds, and therefore must comply with Section 504.

A "program or activity" includes all levels of TDOE and all LEAs or schools receiving federal funds regardless of whether the specific program or activity involved is a direct recipient of federal funds. If an LEA contracts with alternative education programs, it must ensure that a student with disabilities has an equal opportunity to participate in alternative education, even though the programs themselves do not directly receive any federal funds.

For elementary and secondary education programs, regulations define a qualified individual with a disability as one who is: (a) of an age during which non-disabled individuals are provided with educational services; (b) of any age during which it is mandatory under state law to provide such services to disabled individuals; or (c) entitled to FAPE under the IDEA. See 34 CFR 104.3(l).

Section 504 has requirements for Child Find, evaluations, FAPE, and LRE similar to those found under the IDEA. However, Section 504 does not provide funding and IDEA funds cannot be used for students eligible only under 504.

The student's Section 504 team determines whether a student's Section 504 plan will include nursing as a related service. If the student's Section 504 plan includes nursing services, it should include information about the initiation date of services and the frequency, duration, and location of services. The Section 504 coordinator should notify appropriate school staff of any responsibilities for implementing the student's Section 504 plan.

Compliance Requirements LEAs must:	
Provide written assurance of non-discrimination whenever the LEA receives federal funds.	
Designate an employee to coordinate compliance efforts. (Applies to recipients of federal funds with 15 or more employees.)	
Adopt grievance procedures to resolve complaints alleging any action prohibited by federal regulations. (Applies to recipients of federal funds with 15 or more employees). This does not apply to applicants for employment.	
Provide notice to students, parents, employees, unions, and professional organizations of nondiscrimination in admission or access to, or treatment or employment in, its programs or activities (if 15 or more employees). <ul style="list-style-type: none"> • Notice must also specify the responsible employee designated to coordinate compliance efforts. • Notice must be included in the student/parent handbook. 	
Annually identify and locate all qualified students in the LEA's geographic area who are not receiving a public education.	
Annually notify students who are disabled and their parents of the LEA's responsibilities.	
Provide parents with procedural safeguards that include notice, an opportunity to examine relevant records, the right to a due process hearing and a review procedure with respect to actions regarding the identification, evaluation, or educational placement of qualified students. Each LEA must develop procedures for impartial due process hearings. The employment of a hearing officer is the financial responsibility of the LEA. See 34 CFR 104.36.	

Eligibility under Section 504

Section 504 covers qualified students with disabilities who attend a school receiving federal funds. To be eligible for services under Section 504, a student must be determined to have a physical or mental impairment that substantially limits one or more major life activity. See 34 CFR 104.3(j);104.33.

The meaning of “disabled student” was substantially broadened by the American’s with Disabilities Amendments Act of 2008, which became effective on January 1, 2009. Congress amended the ADA in 2008 to create “clear, strong, consistent, enforceable standards” to broaden who qualifies as a “disabled person” under Section 504 and the ADA. Therefore, the term “physical or mental impairment” is not limited to any specific diseases or categories of medical conditions. Additionally, the impairment need not prevent, or significantly or severely restrict a student in performing a major life activity to be considered “substantially limiting.”

Practically any activity that is of importance to a school-aged student's daily life now qualifies as a "major life activity," and an impairment that substantially limits one major life activity need not limit other major life activities to be considered a disability.

Major life activities, as defined in the Section 504 regulations, include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. See 34 C.F.R. § 104.3(j)(2)(ii). This list is not exhaustive. Other functions can be major life activities for purposes of Section 504. In the Amendments Act, Congress provided additional examples of general activities that are major life activities, including eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating.

Congress also provided a non-exhaustive list of examples of "major bodily functions" that are major life activities, such as the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. The Section 504 regulatory provision, though not as comprehensive as the Amendments Act, is still valid – the regulatory provision's list of examples of major life activities is not exclusive, and an activity or function not specifically listed in the regulatory provision can nonetheless be a major life activity

Mitigating Measures

Mitigating measures used by a disabled student to manage an impairment or lessen the impact of an impairment (e.g., medication, medical devices, related aids and services, etc.) should be disregarded when determining whether a student's impairment constitutes a disability. There is one exception to the mitigating measures analysis. The ameliorative effects of the mitigating measures of ordinary eyeglasses or contact lenses shall be considered in determining if the impairment substantially limits a major life activity. "Ordinary eyeglasses or contact lenses" are lenses that are intended to fully correct visual acuity or eliminate refractive error, whereas "low-vision devices" are devices that magnify, enhance, or otherwise augment a visual image. See 42 U.S.C. §§ 12102(4)(E)(i)-(iii)

Temporary Impairments

A temporary impairment is a disability under Section 504 and the ADA if it is severe enough that it substantially limits a major life activity for a student for an extended period of time. See the U.S. Department of Education's [Protecting Students with Disabilities: Frequently Asked Questions About Section 504 and the Education of Children with Disabilities \(FAQ 33\)](#). The issue of whether a temporary impairment is substantial enough to be a disability must be resolved on a case-by-case basis, taking into consideration both, the duration (or expected duration) of the impairment and the extent to which it actually limits a major life activity of the affected individual.

Episodic Impairments

An impairment that is episodic or in remission (e.g., epilepsy, cancer, bipolar disorder, etc.) is a disability under Section 504 and the ADA if it substantially limits a major life activity for a student when active. Such a student is entitled to a FAPE.

Transitory Impairments

Impairment with an actual or expected duration of six (6) months or less. See 42 U.S.C. § 12102(3)(B) In the ADAAA, Congress clarified that an individual is not "regarded as" an individual with a disability if the impairment is transitory or minor. See 42 U.S.C. § 12102(4)(D)

Child Find

LEAs must annually identify and locate every qualified student with a disability in the LEA's jurisdiction and take appropriate steps to notify the student's parents or guardian of the LEA's duties under Section 504. *See* 34 C.F.R. §104.32.

Evaluations

Students who need or are believed to need special education and/or related services because of a disability may be referred for a 504 evaluation by parents, teachers, diagnosticians, building administrators, or other school staff. LEAs are encouraged to develop policies and procedures to ensure all referrals are managed in a consistent manner. An LEA is required to evaluate the student only when it has reason to believe the student needs special education or related services. *See* 34 C.F.R. §104.35. However, it is best practice to evaluate the student unless there is no reason to suspect the student might be eligible. If a student needs or is believed to need special education or related services, the LEA must evaluate the student prior to initial placement in a regular or special education program and before any significant change in placement. *See* 34 C.F.R. §104.35. During an evaluation, the LEA may collect medical, educational, and behavioral information. A 504 evaluation does not alleviate the LEA's obligation to conduct an IDEA evaluation if needed and if data collected during a 504 evaluation indicates a possible need for specially designed instruction, an IDEA evaluation should be initiated. There is no entitlement to an independent educational evaluation in Section 504.

LEAs may use the same process to evaluate the needs of students under Section 504 as they use to evaluate the needs of students under the Individuals with Disabilities Education Act (IDEA). If an LEA adopts a separate process for evaluating the needs of students under Section 504, the LEA must establish effective policies and procedures which assure that tests and other evaluation materials:

- measure specific areas of educational need;
- have been validated for the specific purpose for which they are used;
- are administered by trained personnel;
- are tailored to assess educational need and are not merely based on IQ scores; and
- reflect aptitude, achievement or whatever else the tests purport to measure and do not reflect the student's impaired sensory, manual or speaking skills (unless the test is designed to measure these particular deficits). *See* 34 C.F.R. §104.35 (b).

504 review teams/committees should meet to discuss the results of the evaluation and the development of a 504 plan if a student is eligible. Parents are entitled to a copy of the eligibility report and a copy of the Student Service/Section 504 Plan, if a student is deemed eligible.

Reevaluations

Section 504 requires periodic reevaluations. See 34 C.F.R. §104.35(d). There is no specified time limit. LEAs will be in compliance if they reevaluate the student every three years. A reevaluation must be conducted before any significant change in placement. Reevaluation can consist of a comprehensive evaluation or a review of the student data and plan. Examples of significant changes in placement which require reevaluation include expulsion; series of suspensions which exceed 10 days (consideration must be given to the frequency of suspensions, the length of each and their proximity to one another); transferring a student to home instruction; graduation from high school; and, significantly changing the composition of the student's class (e.g., moving the student from regular education to the resource room)

Section 504 Review Committee/504 Team

The 504 review committee/ 504 team has the responsibility of determining eligibility and appropriate modifications, related aids, or services for the student. The group should review the nature of the disability, how it affects the student's education, and thereafter, decide what, if any, services are necessary for the provision of a FAPE. Decisions about eligibility and services must be documented and reviewed periodically.

The 504 review committee/504 team is composed of persons knowledgeable about the meaning of the student's evaluation data and knowledgeable about the placement options considered. See 34 C.F.R. §104.35(c)(3). It is best practice that this group be composed of the 504 coordinator, principal (or designee), parents, and professionals knowledgeable about the student. Parents provide valuable information regarding their child's needs, and teachers contribute essential educational information such as academic progress and behavior compared to nondisabled, typical peers. Other persons may be invited to attend the committee meeting by the parents and/or the LEA. While 504 review committee/504 team meetings may proceed when the parents are not present, every effort should be made and documented by the 504 coordinator to have parents attend the meeting, such as calling them or rescheduling the meeting.

Free Appropriate Public Education (FAPE)

LEAs must provide FAPE (regular or special education and related aids and services) to a qualified student with a disability in the LEA's jurisdiction. Instruction must be individually designed to meet the needs of the student as adequately as the needs of non-disabled students. General or special education and related aids and services must be designed to meet the individual needs of the student as adequately as the needs of non-disabled students. See 34 C.F.R. §104.33(b). A free education means the provision of educational and related services is without cost to the student with a disability or the student's parents or guardians, except for those fees that are imposed on nondisabled students or their parents or guardians.

It is recommended that the LEA document that the 504 review committee/504 team convened and specify the agreed upon services in a document called a Student Services/Section 504 Plan. The quality of educational services provided to students with disabilities must be equivalent to the services provided to non-disabled students. Teachers must be trained in the instruction of persons with the disability in question and appropriate materials and equipment must be available. See 34 C.F.R. §104.33(c)(1).

Transportation If an LEA provides transportation to all its students within a certain geographic area, it may not discriminate in its provision of transportation to students with disabilities or impairments. See 34 C.F.R. §104.33(c)(2). The length of the bus rides for students with disabilities should not be longer than that of non-disabled students. If a LEA places a student in a program not operated by the LEA, the LEA must ensure that adequate transportation to and from the program is provided at no greater cost than would be incurred by the parent if the student were placed in the program operated by the LEA.

Residential Placement The placement must be provided by the LEA at no cost to the parent if necessary to provide FAPE. This includes educational services, non-medical care and room and board. See 34 C.F.R. §104.33(c)(3).

Parental Placement If the LEA offers FAPE to a student but the parent chooses to place the student elsewhere, the LEA is not responsible to pay for the placement. Disagreements regarding program availability and financial responsibility are subject to due process procedures. See 34 C.F.R. §104.33(c)(4).

Placement

In interpreting evaluation data and making placement decisions, the review committee must:

- Draw upon information from a variety of sources;
- Ensure that all information is documented and considered;
- Ensure that the placement decision is made by a group of persons including those who are knowledgeable about the student, the meaning of the evaluation data and placement options; and
- Ensure that the student is educated with non-disabled peers to the maximum extent appropriate. To the maximum extent appropriate, the LEA must educate students who are disabled with non-disabled students in the least restrictive environment. In order to remove a student from the regular educational environment, the LEA must demonstrate that education of the student in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. See 34 C.F.R. §104.35(c).

Section 504 Services

Section 504 requires students with disabilities be provided appropriate educational services designed to meet their individual needs to the same extent as the needs of students without disabilities are met. An appropriate education for a student with a disability under Section 504 could consist of education in regular classrooms, education in regular classes with supplementary services, and/or special education and related services. A Section 504 plan can be used to document specific accommodations, and the related support services to be provided to an eligible student with a physical or mental impairment that substantially limits one or more major life activity.

Determination of whether a student has a physical or mental impairment that substantially limits a major life activity must be made on a case-by-case basis. Most, if not all, students with IEPs will meet this criteria,

and therefore are protected by Section 504. Major life activity should not be viewed solely as learning. The school nurse can clarify this and advocate and support the student and parent/guardian by providing information and clarification. As noted above, major life activities are broad and can include performing manual tasks, caring for oneself, walking, seeing, hearing, speaking, breathing, working, and socializing. More than one major life activity may be affected and will need to be addressed. Students with a Section 504 plan should be provided a free and appropriate public education and education with nondisabled students to the maximum extent as appropriate.

School nurses can assist with identifying students with disabilities (mental or physical) annually who might be served under Section 504. The school nurse, within the scope of nursing practice, can assist with advice in formulating appropriate accommodations for the student. When developing health related accommodations for the Section 504 plan, the school nurse can use accommodations/interventions already in place or developed for the student's IHP and/or EAP/ECP. It is encouraged to attach a student's ECP to the Section 504 plan so all school staff involved with the student have access to it. It is essential for the school nurse to be involved in the process of assessing and evaluating students for Section 504 consideration, including involvement in the development of the Section 504 plan if the student is eligible. The school nurse is the qualified health care professional that can assess the student's health status and consult with school staff involved with the student, develop health-related goals and objectives and care plans that address the unique needs of each student, and monitor progress and update accommodations, as needed. The school nurse is the liaison between the school and medical community.

Section 504 covers many impairments not covered by the IDEA. When a condition does not warrant an IEP, a 504 plan might be needed. The 504 team determines eligibility and appropriate modifications, related aids, or services. The team is comprised of individuals knowledgeable about the student, the meaning of the evaluation data, and the placement options. This could include a 504 coordinator, principal, or other professionals knowledgeable about the student. See 34 CFR §104.35(c)(3). Other individuals may be invited to attend the 504 meeting. It is encouraged to include the parent/guardian and the student (as appropriate). The 504 meeting may proceed when the parent/guardian is not present, but every effort should be made and documented by the coordinator to have parents attend the meeting (e.g., calling, rescheduling the meeting, etc.). The team must determine if the student has a physical or mental impairment which substantially limits one or more major life activities.

Section 504 requires LEAs to provide health-related services to a student with a disability when the services must be performed during the school day in order for the student to attend school or if the student requires the services to meaningfully benefit from their education (i.e., receive FAPE).

It is encouraged that LEAs and schools that place students on health plans absent evaluations for Section 504 eligibility should re-visit this practice. Without following the 504 process, an IHP alone may not be enough. A student may have both a Section 504 plan and a health plan. A student with an IHP without a 504 plan does not have any of the procedural protections they are afforded under Section 504 that they would

have with a 504 Plan that references an IHP. LEAs are encouraged to consult with their local board attorney to determine if an IHP alone can serve as and substitute a 504 Plan.

Red Flags to Consider	Health Conditions Very Likely to Warrant 504 Eligibility Consideration
<ul style="list-style-type: none"> • Frequent or excessive absences as the result of a medical condition • Threats or attempts to complete suicide • Frequent visits to the school nurse due to a health condition • Missing excessive instructional time due to a health condition • Medical reports that speak to a severe chronic or episodic health condition • The inability of the student to self-monitor their chronic health condition symptoms • The need for several staff members to be aware of the student's health condition 	<ul style="list-style-type: none"> • Type 1 Diabetes • Severe allergies (consider all students with a history of a severe reaction or with a coexisting diagnosis of asthma) • Asthma (consider all students with a history of past serious episodes where immediate access to medication is of greater importance) • Seizure disorder (consider all students with an emergency medication order and/or history of life-threatening seizure episodes) • Depression (consider all students with known diagnosis and/or with past suicide attempts) • Bowel/bladder disorders that benefit from bathroom privileges • Impaired mobility disorders • Any student with a medical diagnosis that potentially limits life expectancy

The plan developed by the review committee is based upon the individual student's educational needs and least restrictive environment considerations. The plan will document the committee's decisions and should include the date, student information, accommodations and services, and signatures of members present at the meeting. A copy of the plan will be made available to appropriate school personnel when it contains accommodations and supportive service provisions to be implemented at school. The plan should be maintained in each student's education records.

The chart below provides a summary of LEA responsibilities regarding the Section 504 process.

LEA Responsibilities Providing FAPE: At A Glance	
Refer the Student	Intervention planning team (Section 504 Review Committee)
Decide Whether to Evaluate	<p>Does the school know or suspect that, because of a disability, the student may need special education or related aids or services to participate in or benefit from school?</p> <ul style="list-style-type: none"> • If yes, provide parent/guardian with Consent for Evaluation, Parent's Rights, and Receipt of Parent/Student Rights

	<ul style="list-style-type: none"> If no, provide parent/guardian with written notice, Parent's Rights, and Receipt of Parent/Student Rights
Evaluate the Student	Evaluate the specific areas of the student's educational needs Consent for Release of Information to obtain outside service provider's reports
Determine Eligibility/Develop Section 504 Plan	Review evaluation results and determine eligibility. <ul style="list-style-type: none"> If yes, develop a Section 504 Plan for the student; ensure parent/guardian sign the plan, provide a copy to parent/guardian If no, provide a written notice to parent/guardian Assign case manager to monitor implementation
Review the Section 504 Plan	Review and revise the Student's Section 504 Plan according to LEA policy or frequency noted in plan Provide parent/guardian with Parent/Student Rights upon each review
Periodically Re-evaluate	At least every three years Before any significant change in placement Provide parent/guardian with Parent/Student Rights

Who is Eligible for Services Under Section 504?

- Student must be (a) of an age during which non-disabled individuals are provided with educational services; (b) of any age during which it is mandatory under state law to provide such services to disabled individuals; or (c) entitled to a free appropriate public education under IDEA. See 4 CFR §104.3(l)(2).
- Student has a physical or mental impairment
- Student has a history of a disability or has been misclassified of having a physical or mental impairment
- Student is regarded as having/treated as having a disability. See 34 CFR §104.3(j)(1).

Other Considerations

Special Dietary Needs

If food is provided to all students, it must be provided to students with disabilities who have special dietary needs on the same basis that food is provided to students without disabilities.

LEAs must allow snacks for students with disabilities requiring eating (such as diabetes), but LEAs are not required to provide the snacks, unless snacks are provided to all students.

Feeding/Swallowing

Students with a variety of disabilities may require feeding and swallowing assessment and intervention. Feeding and swallowing disorders may impact safety while eating in school, and students with a feeding or swallowing disorder may need access to appropriate personnel, food, and procedures to minimize risks of choking and aspiration while eating and during the school day.

Students with swallowing/feeding disorders may have a swallowing and feeding plan that includes training, service delivery, and daily management to ensure the student receives adequate nutrition safely. The plan typically includes positioning, equipment, diet/food preparation, feeding techniques, and precautions. Health care provider orders are needed for students that require enteral/parenteral feedings. Specialized diets should have diet orders provided by the healthcare provider.

The school nurse is an essential member of the feeding and swallowing team and can provide assessment of students. The school nurse may create an IHP and/or emergency plan based on the student's health condition. (e.g., feeding tube becomes dislodged at school). School nurses provide required tube and intravenous feedings for students. School nurses may also delegate certain nursing tasks and supervise the individuals whom they have delegated to carry out these tasks. Oral feeding/swallowing is considered an activity of daily living (ADL) and does not need to be performed by a school nurse. Nursing interventions for students with swallowing disabilities might include:

- Airway suctioning;
- Stoma site management, as needed;
- Precautions to prevent aspiration;
- Oral feeding and non-oral feeding (Enteral feeding/parenteral feeding (e.g., tube feeding, Intravenous feeding) and monitoring for safety during feedings;
- Emergency care (Cardiopulmonary Resuscitation, Heimlich technique, suctioning, airway maintenance);
- Feeding protocol;
- Positioning, in collaboration with occupational therapy and physical therapy;
- Safety and surveillance; and
- Referral to and ongoing communication with health care provider(s).

School staff should report any concerns about a student's ability to safely feed and swallow.

Diapering/ Toileting

Toileting is considered an ADL, including toileting of students with delayed achievement of this developmental task. Unless there is a specific disability that requires nursing judgment, any special education or related service provider, including paraprofessionals or other certified personnel, can perform this task in most cases. The school nurse should periodically assess skin integrity of students who are diapered or when there are any bowel or bladder complications.

Service Animals

Service animals can improve the educational experience of students with special needs. Students with physical, sensory, psychiatric, intellectual, or other mental disabilities may use service animals. LEAs are encouraged to have policies, protocols, and procedures that address service animals. School nurses can

provide care coordination for students with service animals and monitor the effectiveness of the animal for the task it is to perform.

Homebound Services

A homebound placement is instruction provided at home, hospital, or related site to children with disabilities who are eligible pursuant to the IDEA and state regulations. Instruction provided to children with disabilities in homebound placements shall be provided by qualified personnel, pursuant to federal and state regulations. Decisions about medical homebound placement should be made pursuant to the requirements of Tennessee State Board Rule 0520-01-02-.10. Decisions about educational homebound placement should be made by the student’s IEP/504 team. See Tennessee State Board Rule 0520-01-09-.07 for requirements for educational homebound placements for students with IEPs.

Homebound Services may be needed for two reasons:

Medical homebound	An instruction program provided at home, hospital, or other related locations to all students, including students with disabilities, who are enrolled in a public school but are unable to attend regular classes due to a medical condition (e.g., A student was in a car accident and severely injured).
Educational Homebound	<ul style="list-style-type: none">• An instruction program provided at home, hospital, or related site to children with disabilities who are eligible pursuant to federal and state regulations.• Instruction provided to children with disabilities in educational homebound placements shall be provided by qualified personnel, pursuant to the IDEA and state regulations.• An educational homebound placement for students with disabilities is made by an IEP team when considering the full continuum of placement options made available pursuant to the IDEA. The IEP team must document that a homebound placement is necessary, temporary, and consistent with requirements for the provision of a free appropriate public education.• Also, if a student’s Section 504 team determines that instruction in the home, hospital, or related setting is the student’s least restrictive environment, then a student may be placed on educational homebound. Educational homebound instruction is appropriate if the student’s IEP team determines that the student cannot receive an educational benefit in a less restrictive setting, including as a result of the student’s behavior. All educational homebound placements shall be temporary. The IEP shall contain a goal of returning the student to a less restrictive environment within the school year (e.g., student’s behavioral needs require instruction at home).

Comparison Chart of Section 504 and the IDEA

	Section 504	IDEA
Federal Regulation	Section 504 of Rehabilitation Act of 1973 (Civil Rights Law)	Individuals with Disabilities Education Act of 1975
General purpose	A broad civil rights law which protects the rights of individuals with disabilities in programs and activities which receive federal financial assistance from the U.S. Department of Education.	A federally funded law that makes a free appropriate public education to eligible students with disabilities and ensures special education and related services to those children.
Qualifying disabilities	A physical or mental impairment that substantially limits one or more major life activities.	Fourteen disabilities under federal law and two disabilities under state law.
Free Appropriate Public Education (FAPE)	"Appropriate" means an education comparable to the education provided to students without disabilities.	"Appropriate" means a program designed to provide an educational benefit.
Eligibility for services	A student is eligible if s/he has or has had a physical or mental impairment, which substantially limits a major life activity or is regarded as having a disability by others. The student is not required to need special education.	A student is only eligible to receive IDEA services if the IEP team determines that the child has a disability (as defined by 34 C.F.R. § 300.08(c)) and the disability adversely impacts educational performance to the level that specially-designed instruction is needed.
Accessibility	There are detailed regulations regarding building and program accessibility and comparable facilities. This includes academic settings.	They are not specifically mentioned, although if modifications must be made to provide FAPE, IDEA requires it.
Special Education vs. General Curriculum	A student is eligible if s/he has or has had a physical or mental impairment, which substantially limits a major life activity or is regarded as disabled by others. The student is not required to need special education.	A student is only eligible to receive IDEA services if the IEP team determines that the student has one of the disabling conditions and the disability adversely impacts educational performance to the level that specially-designed instruction is needed.
Evaluations and Reevaluations	Periodic re-evaluations are required. Re-evaluation is required before a significant change in placement	Re-evaluations must be conducted at least every three years and are not required before a change in placement.
Procedural Safeguards	Written notice not required although it is recommended. Notice required before a significant change in placement.	Requires written notice regarding identification, evaluation, and placement. Notice requirements are specifically spelled out. Prior written notice required before identification, evaluation, any change in placement, and /or provision of FAPE.

Transition Services	Not required.	IDEA requires the development of a transition plan with the IEP process beginning at age 14.
Independent educational evaluation	Not required.	Required.
Parental involvement in decision-making	Encouraged member of the 504 team.	Required member of the IEP team.
Cost	No cost to family	No cost to family
Funding	No federal funding	Federal funding
Related Services	Related Services and supplemental aids/supports	Related Services and supplemental aids/supports
Age	Any age	Birth through Age 21 (22 nd birthday)

Determining the level of Nursing Care and Personnel for Students with Special Healthcare Needs

Information should be gathered from various sources including the parent/guardian, health care provider(s), and nursing services outlined in health plans and/or educational/services plans. Nursing tasks that will occur during school should be included in the decision-making process. The school nurse can assist with determining if a task or procedure can be delegated to an unlicensed person. The decision to delegate a task is determined by the nurse's assessment, the complexity of the student's health status, and the complexity of the nursing task, in addition to the scope of the individual nurse. The decision to delegate a nursing task is the responsibility of the delegating nurse. For additional information, the Rules and Regulations pertaining to the Board of Nursing and the Tennessee Board of Nursing Position Statements can be found on the [Tennessee Board of Nursing](#) webpage.

Determination as to whether a student with special healthcare needs school health services or school nurse services to receive FAPE is made on an individual basis. The amount and types of services are determined based on each student's needs and should be documented in the student's health and/or educational/services plans. Based on the individual needs of the student, the IHP/IEP/504 team, in consultation with health care providers, may determine if a student's needs can be met by the nurse in the school, a shared nurse, a 1:1 nurse, or a 1:1 aide who monitors and alerts the school nurse.

When recommending a 1:1 nurse, the student's individual health needs and the services to be provided must be considered. Schools and LEAs should consider several factors² when determining if a 1:1 nurse is needed for a student to receive FAPE.

² Adopted from New York State Education Department, 2019

Considerations When Determining if a Student Needs One-to-One Care (1:1 Nursing)

Due to advances in medical science and technology, the number of students with special health care needs who require continuous one-to-one or continuous nursing care in school is increasing. Students with disabilities, including certain special health care needs, have the right to a free and appropriate education (FAPE) in the least restrictive environment (LRE). LEAs are obligated to provide nursing services if required by the student to access individual educational programming.

Students and families are not directly financially responsible for the cost of healthcare at school. Many students' continuous nursing care is funded by the LEA, or the cost of care may be supported by private insurance, Medicare, or Medicaid (TennCare). The school nurse should assess the student's health needs and make recommendations to the student's team.

It is the team's responsibility to determine the student who needs continuous nursing care and in what environment the student should be placed. Environments can range from very restrictive out-of-school environments (e.g., homebound, hospital, residential) to less restrictive environments (e.g., general education classroom, resource room, separate room). Students with special health care needs benefit from the total school environment, school-based services, and peer interaction and should be placed in the LRE if they can attend school with the support of continuous nursing care.

Some students may need a full-day one-to-one nurse to receive a free appropriate public education, while others may not. The IDEA requires that FAPE is available to students with disabilities through the provision of special education and related services. The purpose of this section is to assist LEAs in determining if a student requires full-day (continuous) one-to-one nursing services to meet the student's unique and individual needs. Some students may need nursing services, including a one-to-one nurse, in order to receive FAPE. Students may also need nursing services to attend school in accordance with Section 504.

Depending on the student's unique and individual needs, it should be determined if a student's healthcare needs can be met by the nurse in the school, a one-to-one aide who would alert the nurse in the school, or a one-to-one nurse for the student to receive FAPE. LEAs should evaluate and examine the student's unique health needs and what services are needed to meet those needs. Several considerations should be examined to make this determination. Considerations include, but are not limited to:

- The student's unique health needs and level of care needed during the school day to enable the student to attend school;
- The qualifications required to meet the student's health needs (e.g., school nurse vs UAP);
- The student's proximity to a school nurse; and
- The frequency the student would need the services of a nurse (e.g., portions of the school day or continuously throughout the day).

The school nurse is the team member most qualified to assess a student's health condition and recommend whether continuous nursing care is needed. Current health status and health history, including medication and procedure orders, safety (including safety during transportation), risk and potential for life-threatening emergencies, medical equipment, and technology are important factors to be considered when determining if a student needs continuous nursing care. It is important to consider whether nursing care can be provided by a Licensed Practical Nurse (LPN) or Registered Nurse (RN), taking into consideration LPNs practice under the direction and supervision of an RN and the scope of LPN practice is not the same as an RN.

Licensed prescribers (e.g., physicians) can provide healthcare orders and offer recommendations to the team, but they cannot prescribe educational services and LEAs are not mandated to fulfill requests from the parent/guardian for intense in-school healthcare unless those services are necessary during the school day and support the student's free and appropriate education and are provided in the LRE. LEAs are encouraged to consult with their local board attorney when complex situations, considerations and other factors arise, bearing in mind that decisions should be made that are in the best interest of each student should be made.

One-to-One Nursing

Nursing care in schools can be delivered by a nurse with a school assignment (e.g., school nurse), via a nurse with an individual student assignment (1:1), or via a nurse with individual classroom assignments (1:>1). Nurses who deliver direct care only to an assigned student or students are commonly known as private duty nurses, agency nurses, direct care nurses, personal nurses, or one-to-one nurses. These nurses are delivering continuous care for an assigned student(s) at school and are not the nurse for the whole school community. The LEA may hire a special needs nurse to care for an individual student assignment or individual classroom assignments or services can be provided through a contract with a private duty nurse/third party agency. Once the team decides that a student will receive continuous nursing care at school, the delivery of nursing care should be determined based on the student's health status. For example, one nurse to one student may be necessary if the student requires continuous nursing judgment and nursing care. One nurse may also be able to serve more than one student (e.g., several students in a class requiring continuous monitoring and medications/procedures). Students that are complex but their condition is stable, may not require continuous care, but a nurse may still need to be available for emergencies, procedures, and medication administration. The team should decide if one nurse who serves students in more than one classroom (1:>1) is appropriate in this situation.

If one-to-one care is needed, LEAs may decide to hire a nurse or contract for services with an outside agency. It is important to note that despite the term "private duty nursing" being frequently used in the school setting, nursing care at school is the responsibility of the LEA. When an LEA determines that care cannot be met with existing services, the LEA can explore additional nursing services. If an LEA chooses to employ nurses, the LEA will have responsibility over the employees, including job description and pay. The LEA nursing leadership will be responsible for training, supervision, and evaluation of nurses hired for continuous nursing services. Alternatively, LEAs may contract nursing services from home health care

agencies, hospitals, etc. When contracting nursing services, the agency is responsible for training, supervision, and evaluation of the nurse. The LEA and agency share liability. The agency's nursing administration should be responsible for supervising the agency nurses in the schools in accordance with the Tennessee Board of Nursing rules and regulations and state law. Agencies should be accountable for providing additional nursing staff if the primary nurse is absent. Memoranda of understanding (MOU) and/or contracts with agencies should outline the services provided and detail the responsibilities of the LEA and agency. Agency nurses should be oriented to the LEA's policies, protocols, and procedures, including expectations in the school setting. The school nurse typically does not have direct supervisory responsibility for a private duty nurse or aide that is hired by a third-party agency. The school nurse may orient the private duty nurse to the LEA policies and procedures, develop the student's IHP and/or ECP, and establish a backup plan in the event the private duty nurse is absent. It is essential that school nurses have a collaborative relationship with private duty nurses to ensure appropriate care is provided to the student in the school.

The LEA can employ or contract with a third party to meet the needs of students who require school health services or school nurse services. Whether the nurse is employed by the school system or contracted, the LEA maintains responsibility for the safety and health of the student and ensuring the care provided is appropriate and provided in accordance with the healthcare provider orders and as outlined in the student's IHP and/or ECP. The plan should include information about substitute nurse(s) to meet the needs of the student to ensure services continue in the assigned nurse's absence. This might include the school nurse temporarily providing care until replacement staff or the parent/guardian arrives. The school nurse should be knowledgeable about the student's healthcare and should be competent to perform any nursing interventions or tasks. It is discouraged to use the school nurse as a planned substitute for one-on-one services due to responsibility of the school nurse to meet the needs of the regular student population.

Private duty nurses, or third-party nurses, are responsible for health care services for the student for whom they are contracted and should not provide services to any other student, staff, or school visitor. It is recommended that the school nurse review the student's IHP and/or ECP with the private duty nurse. The school nurse should orient the PDN to the school and ensure appropriate and regular communication with the PDN, including updates and changes to the student's health needs. The school nurse will create the student's IHP and/or ECP and inform the PDN of any updates or changes to the student's health needs.

LEAs are encouraged to document private duty nursing responsibilities in a contract or memorandum of understanding. It is recommended that documentation include:

- Confidentiality
- Nursing services to be provided
- Backup plan for nursing service coverage
- Nursing participation in education/evaluation meetings
- Communication

Additional responsibilities of the LEA lead nurse and/or school nurse may include the following:

- Develop/assist with the job duties of the private duty nurse;
- Develop/assist with the completion of the written agreement with the third-party agency;
- Train the private duty nurse in documentation of student health records (e.g., procedure logs, medication administration records);
- Assist the IEP/504 team and school administration in securing the private duty nurse; and,
- Provide ongoing and periodic communication and coordination with the private duty nurse and/or agency, including communication regarding changes in the student's health care needs.

The LEA retains responsibility for the health and safety of the student, ensuring that the care provided is appropriate and done in accordance with health care provider orders whether the LEA employs a 1:1 nurse or contracts with a third party. An [Example Checklist for Contracted Nursing Services at School](#) can be used to assist LEAs with determining third party nursing responsibilities.

Definitions

Educational Placement	An instructional setting where a student receives his or her instruction including special education and related services.
Eligibility	A student is eligible if the student: (a) has a physical or mental impairment which substantially limits one or more major life activities; (b) has a record of such an impairment; or (c) is regarded as having such an impairment.
Parent or Guardian	A biological or adoptive parent or guardian, surrogate parent, someone acting in place of a parent (including a grandparent, stepparent, or other relative) with whom the student lives, or someone who is legally responsible for the student.
Physical or Mental Impairment	Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as intellectual disabilities, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The regulatory provision does not set forth an exhaustive list of specific diseases and conditions that may constitute physical or mental impairments because of the difficulty of ensuring the comprehensiveness of such a list. See 34 CFR 104.3(j)(2)(i)
Related Services	Assistive and supportive services including psychological counseling, speech therapy, physical therapy, and transportation. This is not an exhaustive list.
Procedural Safeguards	A system of procedures established and implemented by the LEA that provides the parent with notice, an opportunity to examine relevant records, an impartial hearing with parental participation and representation by counsel, and a review procedure. See 34 CFR 104.36
Manifestation Determination	A re-evaluation conducted by the 504 review committee/504 team prior to a significant change of placement to determine whether a student's behavior was caused by, or had a direct and substantial relationship to, the student's disability or impairment. See 34 CFR 104.35(a). See also Section 504 Discipline Fact Sheet
Section 504 Coordinator	A responsible employee of a recipient of federal funds that employs 15 or more persons who coordinates compliance efforts to comply with Section 504.
Section 504 Review Committee / Section 504 Team	A group of persons responsible for making eligibility and placement decisions for a student. This group must be knowledgeable about the student, the meaning of the evaluation data, and the placement options available. This multi-disciplinary group should also be knowledgeable about the legal requirements to place a disabled student in the least restrictive environment and the legal obligation to provide comparable facilities to disabled students. See 34 CFR § 104.35(c)(3).
Significant Change in Placement	A substantial and fundamental change in a student's educational program. Whether a change in facilities is a significant change in placement must be determined on a case-by-case basis.
Substantially Limits	The inability to perform a major life activity that a non-disabled person can perform; or (b) substantial limitation as to the condition, manner or duration under which an individual can perform a particular major life activity as compared to the condition, manner, or duration which a non-disabled person can perform that same major life activity. The United States Department of Education Office for Civil Rights (OCR) has declined to formally interpret the term in non-regulatory guidance. Decisions should be made by the 504 review committee/504 team on a case-by-case basis.
Specially Designed Instruction	Adapting, as appropriate to the needs of an eligible child under this part, the content, methodology or delivery of instruction (a) to address the unique needs of the child that result from the child's disability; and (b) ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children

Major Bodily Functions	Pursuant to the Americans with Disabilities Act Amendments Act of 2008 (ADAAA), such functions include immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. This list is not exhaustive.
Major Life Activities	<p>The following is a non-exhaustive list. See 34 CFR 104.3(j)(2)(ii):</p> <ul style="list-style-type: none"> • Eating • Sleeping • Standing • Lifting • Bending • Reading • Concentrating • Thinking • Communicating • Caring for oneself • Performing manual tasks • Walking • Seeing • Hearing • Speaking • Breathing • Learning • Working
Major Life Activities – Bodily Functions	<p>Major life activities also include operation of “major bodily functions.” This is a non-exhaustive list:</p> <ul style="list-style-type: none"> • brain • circulatory • endocrine • reproductive • neurological • respiratory • immune system functions • normal cell growth • digestive • bowel functions • bladder
Transitory Impairment	<p>An individual is not “regarded as” an individual with a disability if the impairment is transitory and minor. A transitory impairment is an impairment with an actual or expected duration of six months or less. It is resolved on a case-by-case basis, taking into consideration both the duration (or expected duration) of the impairment and the extent to which it actually limits a major life activity of the affected individual.</p> <p>Examples of transitory impairment may include, but is not limited to, a broken arm, illnesses, mononucleosis, concussion.</p> <p>If a student has a transitory impairment, but needs an accommodation for state testing, the student may need a 504 plan.</p>
Placement	A term used in the elementary and secondary school context; refers to regular and/or special educational program in which a student receives educational and/or related services
Free appropriate public education (FAPE)	A term used in the elementary and secondary school context; for purposes of Section 504, refers to the provision of regular or special education and related aids and/or services that are designed to meet individual educational needs of students with disabilities as adequately as the needs of students without disabilities are met and is based upon

	adherence to procedures that satisfy the Section 504 requirements pertaining to educational setting, evaluation and placement, and procedural safeguards. LEAs must provide FAPE to each qualified disabled or impaired person in their jurisdiction. FAPE must be provided without cost.
Reasonable Modification(s)	Under a regulatory provision implementing Title II of the ADA, public entities are required to make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity
Reasonable Accommodation	A term used in the employment context to refer to modifications or adjustments employers make to a job application process, the work environment, the manner or circumstances under which the position held or desired is customarily performed, or that enable a covered entity's employee with a disability to enjoy equal benefits and privileges of employment; this term is sometimes used incorrectly to refer to related aids and services in the elementary and secondary school context or to refer to academic adjustments, reasonable modifications, and auxiliary aids and services in the postsecondary school context
Equal access	Equal opportunity of a qualified person with a disability to participate in or benefit from educational aid, benefits, or services
Other Health Impairment	Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment, that— (a) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (b) Adversely affects a child's educational performance.
Hidden Disabilities (non-visible)	Physical or mental impairments that are not readily apparent to others. They include such conditions and diseases as specific learning disabilities, diabetes, epilepsy, allergy, or chronic illnesses.
Chronic Illness	A chronic illness involves a recurring and long-term disability such as heart disease, kidney or liver disease, high blood pressure, or ulcers.
Nursing Services	Services that may be provided only by a registered nurse (RN), licensed practical nurse (LPN) according to the Rules and Regulations pertaining to the Tennessee Board of Nursing

Frequently Asked Questions

1. Why would a student need a 504 plan rather than an IEP?

A student needs an IEP if they require special education, defined as “specially designed instruction.” Specially designed instruction is defined by the IDEA as “adapting, as appropriate to the needs of an eligible child under this part, the content, methodology or delivery of instruction (i) to address the unique needs of the child that result from the child’s disability; and (ii) ensure access of the child to the general curriculum....” 34 C.F.R. § 300.39 (b) (3). A student needs a 504 plan if they do not require specially designed instruction, but instead need some supports, services, or accommodations in order to access general education.

2. If a parent/guardian submits a medical diagnosis for a student, does that alone qualify the student for services under Section 504?

A medical diagnosis does not automatically qualify a student for services. If a LEA suspects that a student needs special education and/or related services because of a disability, the LEA must evaluate the student. As such, a medical diagnosis may trigger an evaluation, as it may give the LEA a reason to suspect the student has a disability. Furthermore, when evaluating a student, LEAs must consider outside medical assessments and diagnostic results if the LEA obtains that information.

3. Is documentation of a medical diagnosis required for a student to qualify for a 504 plan?

No, while records of a student’s medical diagnosis may be considered along with other data when determining whether the student qualifies for services, they are not required. Eligibility should be determined on a case-by-case basis.

4. Should the term “as needed” be used to document the frequency and duration of a school nurse service or school health service?

Using the term “as needed” is not recommended because it does not provide a clear duration or frequency for the service. The IEP may specify the conditions that would result in a need for the service (e.g., if the student experiences this...) or the parameters that indicate the service is needed (e.g., until the student’s blood glucose level reaches this range....).

5. Is the LEA responsible for providing school health services or school nurse services for students with disabilities who participate in extracurricular activities?

The IDEA and Section 504 require schools to ensure students with disabilities have an equal opportunity to participate in nonacademic and extracurricular activities available to other students enrolled in the LEA. Schools must make appropriate health care services available to these students.

6. What funding is available for the provision of school health services or school nurse services for students with disabilities?

TennCare covered medically necessary services in the student’s IEP or IHP may be reimbursed by TennCare in the school setting. Additional information, including information on billable services

provided by the school nurse, can be found on the [Division of TennCare School-Based Services webpage](#) and the [TDOE School-Based Medicaid webpage](#).

7. How does an LEA determine the level of nursing care and personnel needed for a student with a special health care need?

Information regarding the health care needs of a student can be gathered from many sources (e.g., parent/guardian, health care providers, home health care agency, medical orders, and information from prior health and/or education plans).

8. Where in the IEP should nursing services be documented?

Nursing services should be documented in the Present Level of Academic Achievement and Functional Performance/Measurable Annual Goal and in the Supplementary Aids, Services, and LRE sections of the IEP. The LEA may desire to add supports and trainings provided by the school nurse in the Supplementary Aids, Services, and LRE section of the IEP to address consultation provided by the school.

9. Are all IEP team members required to attend all IEP team meetings in their entirety?

No. The IEP Team members referenced in 34 C.F.R. § 300.321(a) are generally required to participate in meetings to develop, review, and revise a child's IEP. The IEP Team includes, among other participants, the parents of the child; not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment); and not less than one special education teacher of the child or, where appropriate, not less than one special education provider of the child. However, under 34 C.F.R. § 300.321(e), it is permissible for certain members to be excused from attending the IEP Team meeting, in whole or in part, if the parent of a child with a disability and the LEA agrees, in writing, that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting. If the IEP Team meeting involves a modification to or discussion of the member's area of the curriculum or related services, the member may be excused from attending an IEP Team meeting, in whole or in part, if the parent, in writing, and the LEA consent to the excusal; and the member submits, in writing to the parent and the IEP Team, input into the development of the IEP prior to the meeting. There is nothing in the IDEA or its implementing regulations that would limit the number of IEP Team members who may be excused from attending an IEP Team meeting, so long as the LEA meets the requirements of 34 C.F.R. § 300.321(e) that govern when IEP Team members can be excused from attending IEP Team meetings in whole or in part. See Analysis of Comments and Changes accompanying the final IDEA Part B regulations. 71 Fed. Reg. 46650, 46675 (Aug. 14, 2006).

10. Should the IEP with school nursing services or health-related services be accessible to school nurses responsible for implementing these services?

Yes. In accordance with 34 C.F.R. § 300.323(d), the IEP must be accessible to any service provider who is responsible for its implementation and each provider involved in the provision of the IEP

must be informed of their specific responsibilities related to implementing the student's IEP and the specific accommodations, modifications, and supports that must be provided for the student in accordance with the IEP.

11. What services are available for students with disabilities under Section 504?

Section 504 requires recipients to provide to students with disabilities appropriate educational services designed to meet the individual needs of such students to the same extent as the needs of students without disabilities are met. An appropriate education for a student with a disability under Section 504 regulations could consist of education in regular classrooms, education in regular classes with supplementary services, and/or special education and related services.

12. Is a Section 504 re-evaluation similar to an IDEA re-evaluation? How often should it be done?

Yes. Section 504 specifies that re-evaluations in accordance with the IDEA is one means of compliance with Section 504. The Section 504 regulations require that re-evaluations be conducted periodically. Section 504 also requires a LEA to conduct a re-evaluation prior to a significant change of placement. OCR considers an exclusion from the educational program of more than ten school days a significant change of placement. OCR would also consider transferring a student from one type of program to another or terminating or significantly reducing a related service a significant change in placement.

13. Does a student need both a Section 504 Plan and an IEP?

In most cases, there would not be a need to have both an IEP and a Section 504 Plan. While students generally do not need both an IEP and a Section 504 plan, students receiving special education and related services through an IEP are protected by the provisions in IDEA and Section 504. The student's special education and related services must be developed and implemented in accordance with IDEA. A student with a disability cannot be discriminated against based on their disability as set forth in Section 504.

14. What is the difference between a Section 504 Plan and an IEP?

If a student has been diagnosed with one or more of the fourteen disabilities named in the IDEA or one of the two disabilities under state law, and that disability is shown to adversely impact the student's ability to make meaningful academic progress, the student may be eligible for an IEP.

If the student has a disability that substantially impairs one or more major life activity (including but not limited to his or her ability to care for himself, walk, see, hear, speak, breathe, learn, work, eat, sleep, stand, lift, bend, read, concentrate, think, or communicate) and needs supports, services, and/or accommodations, but does not meet the criteria to have an IEP, the student may qualify for a 504 plan.

The criteria for obtaining a 504 plan are more flexible than the criteria for obtaining an IEP.

15. Should the school nurse be involved in the Section 504 Plan or IEP?

Yes, a school nurse can be involved in developing or implementing a student's Section 504 Plan or IEP. A school nurse brings specialized knowledge about nursing services that a student may need to access educational services and to make appropriate educational progress. For that reason, a school nurse can be a critical team member in developing an appropriate Section 504 Plan or IEP for a student. Additionally, a school nurse is often the only appropriate school employee to provide certain services listed in the student's Section 504 Plan or IEP. Therefore, the LEA must ensure that the school nurse is informed of any responsibilities for implementing the Section 504 Plan or IEP.

16. Is the RN required to sign off on the IEP/504/IHP?

Federal law does not require all team members to sign the IEP, but LEAs may choose to require all team members to sign the plan. LEAs are encouraged to have their local board attorney provide guidance.

17. Are there any impairments which automatically mean that a student has a disability under Section 504?

No. An impairment in and of itself is not a disability. The impairment must substantially limit one or more major life activities in order to be considered a disability under Section 504.

18. Can a medical diagnosis suffice as an evaluation for the purpose of providing FAPE?

No. A physician's medical diagnosis may be considered among other sources in evaluating a student with an impairment or believed to have an impairment which substantially limits a major life activity. Other sources to be considered, along with the medical diagnosis, include aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, and adaptive behavior. As noted in FAQ 22, the Section 504 regulations require LEAs to draw upon a variety of sources in interpreting evaluation data and making placement decisions.

19. Does a medical diagnosis of an illness automatically mean a student can receive services under Section 504?

No. A medical diagnosis of an illness does not automatically mean a student can receive services under Section 504. The illness must cause a substantial limitation on the student's ability to learn or another major life activity. For example, a student who has a physical or mental impairment would not be considered a student in need of services under Section 504 if the impairment does not in any way limit the student's ability to learn or other major life activity, or only results in some minor limitation in that regard.

20. A student has a disability referenced in the IDEA, but does not require special education services. Is such a student eligible for services under Section 504?

The student may be eligible for services under Section 504. The LEA must determine whether the student has an impairment which substantially limits his or her ability to learn or another major life activity and, if so, make an individualized determination of the child's educational needs for regular

or special education or related aids or services. For example, such a student may receive adjustments in the regular classroom.

21. What services are available for students with disabilities under Section 504?

Section 504 requires recipients to provide to students with disabilities appropriate educational services designed to meet the individual needs of such students to the same extent as the needs of students without disabilities are met. An appropriate education for a student with a disability under the Section 504 regulations could consist of education in regular classrooms, education in regular classes with supplementary services, and/or special education and related services.

22. What is the difference between Section 504 and IDEA eligibility?

The Individuals with Disabilities Education Act (IDEA) specifically lists the disabling conditions which entitle a student to receive special education and related services. Additionally, in order to receive services under IDEA, the disabling condition must result in a need for special education and related services. Section 504 is much broader. There is no list of disabling conditions. The regulations also make clear that certain conditions, such as drug or alcohol addiction, and heart disease, which would not qualify a student under IDEA, may be disabling conditions under Section 504. See 34 C.F.R. pt. 104, App. A (discussing Subpart A, ¶ 3).

23. May an LEA use IDEA funds to serve a student eligible under Section 504 but not IDEA?

No. However, the LEA may use IDEA funds to evaluate the student if the LEA suspects the student may be eligible for special education and related services as defined by IDEA.

24. Does Section 504 have a Child Find requirement?

Yes. The LEA must annually identify and locate every qualified student residing in its jurisdiction and take any necessary steps to notify those students and their parents. If the LEA chooses, it may undertake screenings to meet this requirement. See 34 CFR 104.32.

25. Are there any special considerations for students who have AIDS or HIV Infection?

Students with Acquired Immune Deficiency Syndrome (AIDS), AIDS - related complex (ARC) or otherwise infected with Human Immunodeficiency Virus (HIV infected) are individuals with disabilities. They either qualify as actually having a physical impairment, which substantially limits a major life activity, or are regarded as having such a disability. Placement decisions must be made by the review committee.

26. Does Section 504 address participation in non-academic services and extracurricular activities?

Yes. LEAs must provide equal opportunity in areas such as counseling, physical education, recreation, athletics, transportation, health services, recreational activities, special interest groups or clubs, referrals to other agencies and employment. The regulations give students with disabilities an equal opportunity to participate in extracurricular services and extend the least restrictive environment mandate to extracurricular activities. Counseling Services LEAs must provide counseling services without discrimination on the basis of disability. LEAs may not counsel students with a disability toward more restrictive career objectives. Extracurricular Activities and Athletics LEAs must provide an equal opportunity for students with disabilities to participate. LEAs should create separate extracurricular activities and athletics for students who are disabled and cannot participate in existing extracurricular activities or athletics. To ensure the participation of students

with special health needs in these activities, schools must make available appropriate health services to these students.

27. Should nursing services be documented in the IEP or 504?

If nursing services are required for the student to receive FAPE in his or her LRE, then the IEP should document those. An IHP is not a legal document, and LEAs should be cautious to rely only on the IHP rather than documenting related services in a 504 plan or IEP. It is encouraged that LEAs seek guidance from their local board attorney.

28. What if a student can't participate in standard protocol for special education evaluations?

Assessment specialists must use a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments (34 C.F.R. § 300.304). Assessments are considered and selected so as not to discriminate on either racial or cultural basis. In addition, assessment specialists must ensure that the assessment considers the student's native language or mode of communication and that the assessment is completed in a manner that yields the most accurate amount of "information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to provide or administer" (34 C.F.R. § 300.304). When working with students who require alternative modes of assessment, consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language.

29. How are nursing services written for extracurricular activities?

When the IEP team determines that nursing services are needed for the student to participate in extracurricular activities, the IEP team can best capture those services in the Supplementary Aids, Services, and LRE section of the IEP. Supplementary aids and services means aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with 34 C.F.R. §§ 300.114 through 300.116.

Section 504 requires that a student with a disability receive an equal opportunity to participate in extracurricular activities. See 34 CFR 104.37. When a Section 504 team determines that nursing services are needed for a student to participate in extracurricular activities, the Section 504 team should indicate those services in the 504 plan.

30. What is the difference in medical vs. school determination for services/supports?

In the educational setting, the IEP team must first consider if the student's needs rise to the level of an educational disability through consideration of a state's assessment standards and then if that disability adversely impacts the student's educational performance. Once that determination of eligibility has been made, the IEP team must then consider the need for specially designed instruction through the development of an IEP with a consideration for special education and related services. These decisions are made through the IEP team to ensure the student with a disability receives a free appropriate public education in the least restrictive environment. Medical determination for services and support often relies on whether the services/supports are proper and needed for the individual's diagnosis, as well as physician referrals and/or insurance considerations.

31. Can a student receive school nursing services but not have a disability?

Yes. School nursing may be provided to regular education students, as well as those in special education. Health services may also be provided through a 504 Plan, or just because a student needs it (e.g., without an IEP or a 504 Plan).

32. A student needs nursing and/or school health services during bus transportation to and from school. Is the LEA required to provide a nurse or UAP, as appropriate, based on the student's needs?

The IEP/504/IHP team should determine what services are needed during transportation to ensure the student receives free appropriate public education. The LEA's local board attorney may be consulted for additional information and guidance.

33. Can the Coordinated School Health screenings a student receives be included as part of the student's re-evaluation?

If the Coordinated School Health screening is part of what the other grade-level students are participating in, it would be appropriate for that data to be used as part of a student's historical review of screenings and assessments. If, however, the IEP/504 team needed information pertinent for the re-evaluation and that student was not already participating in grade-level Coordinated School Health screenings, the IEP/504 team would need to obtain permission from the parent to get updated screening information. It might be that once the IEP/504 team obtains permission from the parent to obtain updated screening information they may ask the nurse to assist with conducting the screenings. LEA local board attorneys should be consulted for additional information and guidance to ensure LEA policy and procedure aligns with federal and state law regarding parent consent/authorization.

34. What if the parent/guardian does not provide parent authorization and/or medical orders for health services needed during the school day?

Parent authorization and medical orders are required for nursing procedures/tasks performed in the school setting. T.C.A. § 63-7-103 states that professional nursing (RN) includes the "administration of medications and treatments as prescribed by a licensed physician, dentist, podiatrist, or nurse authorized to prescribe pursuant to T.C.A. § 63-7-123," and T.C.A. § 63-7-108 states that practical nursing (LPN) is defined as, "the performance for compensation of selected acts required in the nursing care of the ill, injured or infirm and/or carrying out medical orders prescribed by a licensed physician or dentist under the direction of a licensed physician, dentist or professional registered nurse. The licensed practical nurse shall have preparation in and understanding of nursing, but shall not be required to have the same degree of education and preparation as required of a registered nurse.

According to the Tennessee Board of Nursing, it is considered unprofessional conduct and negligence for a nurse to practice professional nursing in a manner inconsistent with T.C.A. § 63-7-103 and T.C.A. § 63-7-108.

State board rule states that (1) Pursuant to T.C.A. § 49-50-1602, any health care procedure a student is not capable or competent to perform must be performed by a licensed health care professional in accordance with applicable guidelines of their respective regulatory boards. **A physician's orders and parental authorization are required for any health care procedures performed by a licensed health care professional in the school setting.** The written parental authorization shall be kept in the student's school records.

The LEA's local board attorney should be consulted regarding specific factors that may impact guidance pertaining to each student's specific situation.

35. A student has severe food aversion and doesn't eat solid foods. If therapies are recommended by the LEA during the IEP/504 meeting, is the LEA required to pay for the recommended therapies?

The IEP/504 team should decide if the student needs these therapies to receive FAPE, and if so, the school has to provide them. LEAs are obligated to ensure students can safely be fed at school. If a student has a food aversion (e.g., student only eats pudding, yogurt, applesauce, etc.), rather than dysphagia that would require school-based therapy for the child to receive nutrition, then the speech-language pathologist can support school personnel. The IEP/504 team should involve the cafeteria manager and can consider pureeing some school food to expand more nutritious food options.

36. When a student has a private duty nurse and that nurse is unable to attend school with the student, whose responsibility is it to provide medical coverage?

The MOU/contract with the private duty nurse/contract agency should outline a backup plan for substitute nursing coverage. In the event when the agency does not provide backup coverage, even when the responsibility is outlined in the MOU/contract, the LEA has a responsibility to ensure the student has a way to receive health services that are necessary for the student to receive FAPE.

37. Our LEA requires a health history to be completed on every student, will this suffice for the health assessment portion?

This is a local decision based on local policy and procedure and LEAs are encouraged to consult with their local board attorney. However, since there is no standardized health assessment form, a LEA could choose to use the health history as the health assessment. There is a section where the IEP team takes into consideration the medical condition of the student and this is required, but how LEAs do that might vary.

38. Is the example health summary form in this toolkit a required form?

No, the example form in the toolkit is not required. It is a tool that LEAs may choose to use. The IEP team can upload the health summary form into PULSE and take the health information into consideration when programming and planning.

39. Is the LEA required to complete an evaluation if a parent requests one?

Per 34 .301, a parent may request an evaluation to determine if the student has a disability. Many LEAs do evaluate at the parent request. The LEA has the obligation to assess when the student is

suspected of having a disability, so if the parent initiates a referral for an evaluation, and the current data does not indicate a suspicion of a disability, the LEA can refuse the evaluation via a Prior Written Notice.

Under Section 504, if the student is referred by a parent and the LEA does not suspect a disability, the LEA should provide notice to the parent in writing of their refusal to conduct an evaluation including a copy of the procedural safeguards. Compliance with IDEA procedural safeguards is one means of meeting the Section 504 procedural safeguard requirements. See 34 CFR 104.36.

40. Do school bus drivers need to be aware of a student's health condition or emergency care plan?

LEAs are responsible for ensuring that children with special needs are safely transported on all forms of federally approved transportation provided by the school system. Non-medical school personnel, including bus drivers, should receive ongoing professional development and/or student-specific training related to healthcare activities and emergency assistance for which they may be responsible. School systems should provide a school nurse or trained aide when medically necessary to help ensure health-related problems occurring while children with special needs are on the school bus are properly managed.

41. Can services be added to 504 plan before an evaluation meeting is held?

The evaluation should always occur first. You cannot determine if a student has a substantially limiting impairment if the evaluation occurs after. This decision must be made by the 504 team which must include persons knowledgeable about the child, the meaning of the evaluation data, and the placement options. See 34 C.F.R. § 104.35(c).

It should not be documented that services will be added without the team reviewing the evaluation data and making a determination that related services are necessary in order to provide an education comparable to non-disabled peers. This could constitute predetermination.

42. Do all students with tracheostomies, ventilators, or other medical technology need a 1:1 nurse?

The level of nursing care required and the amount of nursing time necessary to ensure the health and safety of such students in the school setting would be determined by the school's IHP/IEP/504 team with medical and/or nursing input as appropriate from the school nurse, health care provider, and/or other appropriate health personnel. Although a student may have a 1:1 nurse at home, that does not mean that a 1:1 nurse is necessarily needed in a school. If the team determines that a student's health needs, in accordance with provider orders for treatment, can be appropriately met by the school's building nurse, a shared nurse, or a 1:1 aide to monitor and alert the school nurse, then a 1:1 nurse may not be necessary.

Examples of Accommodations

Below are examples of accommodations that may be made for a student with a health-related issue. This is not an exhaustive list of accommodations. The determination to delegate nursing tasks or interventions is based on the nurse's assessment of the complexity of the task, health status of the student, and competency of the individual. If it is determined that the nursing task or intervention cannot be delegated, the school nurse should ensure they have the appropriate level of training to perform the needed tasks.

Additional information about delegation is in the Tennessee Board of Nursing (TBON) Position Statement, on the TBON webpage.

Health Condition	Accommodation
Life-threatening food allergy	<ul style="list-style-type: none"> • May include modifications so that they can participate safely on a field trip. • Assigned/Designated seating will be available at lunchtime. • Alternative snacks will be provided by the parent and will be kept by the teacher in the classroom. • The parent/guardian will be advised of any planned parties as soon as possible by the teacher. • Student will sit at the classroom table, which has been cleansed according to specific guidelines before student's arrival. • The parent/guardian will monitor school lunch menus or provide food, and they will communicate with school personnel, including the teacher, nurse, and cafeteria manager. • Nutrition Services will provide food substitutions will be provided. • Nutrition Services will not serve allergens as part of snacks for students. • The classroom teacher will ensure that all students wash their hands before entering the classroom. <p>See the Office of Civil Rights Section 504 Protections for Students with Food Allergies</p>
A chronic health condition causing fatigue (e.g., cancer treatment, concussion recovery)	<ul style="list-style-type: none"> • Complete fewer or different homework problems than peers • Write shorter papers • Answer fewer or different test questions • Create alternate projects or assignments
ADHD	<ul style="list-style-type: none"> • Having PRN (as needed) dosages available at school, even if prescribed daily. • Feedback for physician/therapist with management changes • Clarification of parent/teacher concerns • Executive functioning and independence/self-help
Diabetes	<ul style="list-style-type: none"> • PE first period of the day • Checking blood glucose prior to any type of testing

	See the Office of Civil Rights Section 504 Protections for Students with Diabetes
Anxiety	<ul style="list-style-type: none"> • Non-verbal signals allowing the student to leave class • Safe, quiet place
GER/GERD	<ul style="list-style-type: none"> • Allowing the student to eat snacks during instruction or—in an elementary or secondary school setting—go to lunch early or late; • Granting periodic requests by students or parents for distance learning or the provision of necessary instructional materials for use at home when GER- or GERD-related symptoms intensify, making it difficult for a student to leave home; • Allowing the student to make up work, without penalty, and excusing late arrivals and absences when they miss class due to a medical appointment or when GER or GERD hinder a student's ability to complete their work; and/or • Allowing the student to leave class to use the restroom as needed. <p>See the Office of Civil Rights Section 504 Protections for Students with GER or GERD</p>
Asthma	<ul style="list-style-type: none"> • Indoor activities on high ozone days <p>See the Office of Civil Rights Section 504 Protections for Students with Asthma</p>

Additional Resources

The United States Department of Agriculture Food and Nutrition Services has created [Accommodating Children with Special Dietary Needs in the School Nutrition Programs](#). This guidance describes some of the factors which must be considered in the early phases of planning and suggests ways in which the school food service can interact with other responsible parties in the school and the community at large to serve children with disabilities. The guidance was prepared in consultation with the U.S. Department of Justice and the U.S. Department of Education and will be periodically updated to reflect new scientific information or new statutory and program guidelines.

The [Swallowing \(Dysphagia\) and Feeding Services in the School Setting: Things Parent Should Know](#) document provides helpful information for the parent/guardian when working with the LEA.

The [Feeding Matters Resources & Support](#) webpage provides additional resources.

[U.S. Department of Education: Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools](#) is intended to help parents of students with disabilities understand the obligations imposed under Section 504. In particular, the resource guide summarizes key requirements of Section 504, and aims to increase understanding of these requirements for both parents and members of the school community.

The [U.S. Department of Education: A Guide to the Individualized Education Program](#) guidance was developed to assist educators, parents, and state and local educational agencies in implementing the requirements of Part B of the Individuals with Disabilities Education Act (IDEA) regarding Individualized Education Programs (IEPs) for children with disabilities, including preschool-aged children.

The resource document, [U.S. Department of Education: Protecting Students With Disabilities, Frequently Asked Questions About Section 504 and the Education of Children with Disabilities](#), clarifies pertinent requirements of Section 504.

The technical assistance document, [U.S. Department of Education: Positive, Proactive Approaches to Supporting Children with Disabilities: A Guide for Stakeholders](#), outlines the legal requirements related to behavior support and discipline for eligible students with disabilities under IDEA. Information includes resources, strategies, and evidence-based practices that can help LEAs, schools, early childhood programs, educators, and families in their efforts to meet IDEA requirements and, in doing so, improve outcomes for children with disabilities.

Example Documents and Tools

Example Student Learning Objectives for IHP³

Nursing Diagnosis	Student Objective
Knowledge deficit related to airway management	<ul style="list-style-type: none"> The student will increase stamina in physical activities by participating 80 percent of the time in the gym.
Alteration in pattern of elimination (Encopresis)	<ul style="list-style-type: none"> The student will verbally indicate to an identified adult the need to access the bathroom and the supplies kept for them 90 percent of the time if they have encopretic problems.
At risk for ineffective coping	<ul style="list-style-type: none"> The student will take medication as prescribed 100 percent of the time. The student will list the desired effects of the medication 90 percent of the time they are asked to indicate an understanding of the need to comply with the scheduled administration of medicine.
Knowledge deficit related to medication	<ul style="list-style-type: none"> The student will verbalize 3-4 desired effects of medication 100 percent of the time. The student will verbalize 3-4 possible side effects of medication 100 percent of the time. The student will indicate to the teacher the appropriate time to access the school health office for medication daily, 100 percent of the time.
At risk for ineffective airway clearance	<ul style="list-style-type: none"> The student will self-administer the inhaler correctly 100 percent of the time.
At risk for knowledge deficit	<ul style="list-style-type: none"> The student will describe five or eight listed signs and symptoms of hyperglycemia 100 percent of the time. The student will remain free of episodes of hyperglycemia/hypoglycemia 90 percent of the time by eating appropriate food choices to keep blood glucose levels between 90-200.
Knowledge deficit related to glucometer testing	<ul style="list-style-type: none"> The student will identify the steps of glucometer testing, including the safe handling of blood 100 percent of the time when performing the procedure. The student will identify and follow the appropriate steps for low blood glucose as indicated 100 percent of the time following a glucometer test.

³ Adapted from Legal Issues in School Health Services

Example Health Assessment⁴

Student's Name:		Student ID Number:	
Parent Names:			
Parent Contact Information (phone/email):			
Date of Birth:		Age:	
Grade:		School:	
School Nurse:		Email:	
Phone Number:		Date of Assessment:	
<input type="checkbox"/> IEP	<input type="checkbox"/> 504	<input type="checkbox"/> IHP	<input type="checkbox"/> Other:
Purpose of Assessment:			
<input type="checkbox"/> Initial Evaluation <input type="checkbox"/> Re-evaluation <input type="checkbox"/> Annual Review <input type="checkbox"/> Transition to Kindergarten <input type="checkbox"/> Parent Request for Services <input type="checkbox"/> Physician Letter Requesting Services <input type="checkbox"/> Other:			
Data Collection Source:			
<input type="checkbox"/> Parent/Guardian:			
<input type="checkbox"/> Physician:			
<input type="checkbox"/> Other Care Provider:			
<input type="checkbox"/> Medical Documentation/Records:			
<input type="checkbox"/> Student Observation:			
<input type="checkbox"/> Other:			
Health History:			
Medical Diagnosis: (list all)			
1.	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	<input type="checkbox"/> Resolved <input type="checkbox"/> Documented
2.	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	<input type="checkbox"/> Resolved <input type="checkbox"/> Documented
3.	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	<input type="checkbox"/> Resolved <input type="checkbox"/> Documented
4.	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	<input type="checkbox"/> Resolved <input type="checkbox"/> Documented
5.	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	<input type="checkbox"/> Resolved <input type="checkbox"/> Documented
6.	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	<input type="checkbox"/> Resolved <input type="checkbox"/> Documented
7.	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	<input type="checkbox"/> Resolved <input type="checkbox"/> Documented
8.	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	<input type="checkbox"/> Resolved <input type="checkbox"/> Documented
9.	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	<input type="checkbox"/> Resolved <input type="checkbox"/> Documented
10.	<input type="checkbox"/> Acute	<input type="checkbox"/> Chronic	<input type="checkbox"/> Resolved <input type="checkbox"/> Documented
Click here to add additional diagnosis:			
Body System Review: please check all that apply			
Genetic Syndrome/Genetic Anomaly:			
Comments:			
Immunological:			

⁴ Adapted from the North Carolina School-Based Public Health Program

<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Student is immunocompromised
<input type="checkbox"/> Per Parent/Guardian <input type="checkbox"/> Per Physician
<input type="checkbox"/> Student has a valid immunization exemption
<input type="checkbox"/> Medical <input type="checkbox"/> Religious
<input type="checkbox"/> Other
Comments:
Integumentary:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Rash:
<input type="checkbox"/> Redness/Swelling:
<input type="checkbox"/> Eczema:
<input type="checkbox"/> Decubitus:
<input type="checkbox"/> Scars/Birthmarks:
<input type="checkbox"/> Sun sensitivity:
<input type="checkbox"/> Other:
Comments:
Eyes:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Vision: Far Vision - R: L: , Near Vision - R: L:
<input type="checkbox"/> Glasses: <input type="checkbox"/> Contacts:
<input type="checkbox"/> Blind:
<input type="checkbox"/> Color Blind:
<input type="checkbox"/> Retinopathy of Prematurity:
<input type="checkbox"/> Cortical Visual Impairment:
<input type="checkbox"/> Vision Diagnosis:
<input type="checkbox"/> Other:
Comments:
Ears:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Hearing Aids:
<input type="checkbox"/> Frequent Ear Infection:
<input type="checkbox"/> Deaf:
<input type="checkbox"/> Hard of Hearing:
<input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> Other:
Comments:
Nose:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Frequent Nose Bleeds:
<input type="checkbox"/> Frequent Nose Congestion:
<input type="checkbox"/> Snoring:
<input type="checkbox"/> Other:
Comments:
Oropharynx:

<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Frequent Throat Infections:
<input type="checkbox"/> Cleft Lip / Palate:
<input type="checkbox"/> Dental Concerns:
<input type="checkbox"/> Increased Oral / Nasal Secretions:
<input type="checkbox"/> Other:
Comments:
Nervous System/Neurological:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Equal Movement of Extremities:
<input type="checkbox"/> Unequal Movement of Extremities:
<input type="checkbox"/> Able to Verbalize / Communicate:
<input type="checkbox"/> Unable to Verbalize / Communicate:
<input type="checkbox"/> History of Intraventricular Hemorrhage (IVH): Grade:
<input type="checkbox"/> Hydrocephalus:
<input type="checkbox"/> Ventricular Peritoneal Shunt:
<input type="checkbox"/> Neurologic Diagnosis:
<input type="checkbox"/> Progressive / Degenerative:
<input type="checkbox"/> Temperature Regulation Issue:
<input type="checkbox"/> Seizures:
<input type="checkbox"/> Infantile Spasms:
<input type="checkbox"/> Cerebral Palsy Diagnosis
<input type="checkbox"/> Weakness:
<input type="checkbox"/> Sleep Disorder / Sleep Apnea:
<input type="checkbox"/> Frequent Headaches / Migraine:
<input type="checkbox"/> Other:
Comments:
Respiratory:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Frequent Respiratory Illnesses:
<input type="checkbox"/> Asthma:
<input type="checkbox"/> Reactive Airway Disease:
<input type="checkbox"/> Requires Respiratory Interventions / Medications:
<input type="checkbox"/> Tracheostomy:
<input type="checkbox"/> Ventilator Support:
<input type="checkbox"/> Other:
Comments:
Cardiovascular/Circulatory:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Pulmonary Hypertension
<input type="checkbox"/> Cardiovascular Diagnosis:
<input type="checkbox"/> Pacemaker:
<input type="checkbox"/> Other Cardiac Device(s):
<input type="checkbox"/> History of Cardiac Condition / Repair:
<input type="checkbox"/> Irregular Heart Rate:
<input type="checkbox"/> SVT:

<input type="checkbox"/> Murmur:
<input type="checkbox"/> Circulation Concerns:
<input type="checkbox"/> Syncope:
<input type="checkbox"/> Other:
Comments:
Gastrointestinal / Urinary:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Frequent Diarrhea:
<input type="checkbox"/> Constipation:)
<input type="checkbox"/> Frequent Nausea / Vomiting:
<input type="checkbox"/> Reflux:
<input type="checkbox"/> Abdominal Distension:
<input type="checkbox"/> Slow Gastric Emptying:
<input type="checkbox"/> Eosinophilic Esophagitis:
<input type="checkbox"/> Requires Tube Feeding (choose type of feeding tube below):
<input type="checkbox"/> Mickey <input type="checkbox"/> Mini-One w/ balloon <input type="checkbox"/> Mini-One no balloon <input type="checkbox"/> Bard <input type="checkbox"/> Gastrojejunal <input type="checkbox"/> NG <input type="checkbox"/> Other:
<input type="checkbox"/> Toilet Trained:
<input type="checkbox"/> Neurogenic Bladder:
<input type="checkbox"/> Requires Diapering:
<input type="checkbox"/> Requires Bladder Catheterization:
<input type="checkbox"/> Bedwetting:
<input type="checkbox"/> Enuresis:
<input type="checkbox"/> Encopresis:
<input type="checkbox"/> Frequent Bladder Infections:
<input type="checkbox"/> Other:
Comments:
Nutrition / Hydration:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Regular Diet:
<input type="checkbox"/> Oral Intake Concerns:
<input type="checkbox"/> Tube Feeding /Supplement:
Name of formula/food:
Feeding times at school:
Amount:
Water Flush Amount:
<input type="checkbox"/> Medication via feeding tube
Venting Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Venting Times:
Feeding Method: (check one below)
<input type="checkbox"/> Gravity Bolus <input type="checkbox"/> Slow Drip to Gravity <input type="checkbox"/> Feeding Pump <input type="checkbox"/> Plunger Push <input type="checkbox"/> Other
<input type="checkbox"/> Frequent Dehydration:
<input type="checkbox"/> Weight Loss:
<input type="checkbox"/> Failure to Thrive / History of Failure to Thrive:
<input type="checkbox"/> Overweight per Parent/Guardian Report / MD Documentation:
<input type="checkbox"/> Food Allergies:
<input type="checkbox"/> Special Diet / Diet Restrictions:
<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Other:
Comments:

Endocrine:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Diabetes Type 1:
<input type="checkbox"/> Diabetes Type 2:
<input type="checkbox"/> Diabetes Insipidus:
<input type="checkbox"/> Hypothyroidism:
<input type="checkbox"/> Hyperthyroidism:
<input type="checkbox"/> Adrenal Insufficiency:
<input type="checkbox"/> Metabolic Disorder:
<input type="checkbox"/> Growth Disorder:
<input type="checkbox"/> Precocious Puberty
<input type="checkbox"/> Other:
Comments:
Musculoskeletal:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Ambulatory without Assistance:
<input type="checkbox"/> Ambulatory with Assistance:
<input type="checkbox"/> Non-ambulatory:
<input type="checkbox"/> Gait Disturbance:
<input type="checkbox"/> Fall Risk:
<input type="checkbox"/> Requires Mobility Equipment:
<input type="checkbox"/> Requires Splints / Braces:
<input type="checkbox"/> Contractures:
<input type="checkbox"/> Requires Assistance with All Activities of Daily Living (ADL):
<input type="checkbox"/> Involuntary Movements:
<input type="checkbox"/> Muscular Spasticity:
<input type="checkbox"/> Other:
Comments:
Social / Emotional:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented
<input type="checkbox"/> Non-Epileptic Seizures:
<input type="checkbox"/> Separation Anxiety:
<input type="checkbox"/> Anxiety:
<input type="checkbox"/> Depression:
<input type="checkbox"/> Self-Injurious Behavior:
<input type="checkbox"/> Behavior Concerns:
<input type="checkbox"/> Restlessness:
<input type="checkbox"/> Frequent Crying:
<input type="checkbox"/> Calm:
<input type="checkbox"/> Easily Overstimulated:
<input type="checkbox"/> Social:
<input type="checkbox"/> Psychological Diagnosis:
<input type="checkbox"/> Other:
Comments:
Reproductive <input type="checkbox"/> Male / <input type="checkbox"/> Female:
<input type="checkbox"/> No concerns per parent/guardian report
<input type="checkbox"/> No concerns documented

<input type="checkbox"/> Frequent Infections:
<input type="checkbox"/> STD:
<input type="checkbox"/> Pregnancy:
<input type="checkbox"/> Other:
Comments:
Secured Health Care: (does student have a medical provider)
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Comments:
PARENT CONCERNS:
CURRENT MEDICATIONS:
<input type="checkbox"/> Administered Daily at School: (current or proposed)
<input type="checkbox"/> Home Medications:
<input type="checkbox"/> Emergency Medications:
<input type="checkbox"/> PRN Medications:
<input type="checkbox"/> Other
Comments:
PROCEDURES REQUIRED AT SCHOOL: (click all that apply)
Gastrointestinal/Urinary:
<input type="checkbox"/> Gastrostomy Tube Feeding:
<input type="checkbox"/> Gastrostomy Tube Flush:
<input type="checkbox"/> Gastrostomy Tube Fall-Out:
<input type="checkbox"/> Gastrostomy Tube Venting:
<input type="checkbox"/> Medication via Gastrostomy Tube:
<input type="checkbox"/> Gastrojejunostomy Tube Feeding:
<input type="checkbox"/> Gastrojejunostomy Tube Fall-Out:
<input type="checkbox"/> Cecostomy Tube Venting:
<input type="checkbox"/> Colostomy:
<input type="checkbox"/> Ileostomy / Ileal Conduit:
<input type="checkbox"/> Vesicostomy:
<input type="checkbox"/> Catheterization:
<input type="checkbox"/> Other
Respiratory:
<input type="checkbox"/> Oxygen Administration:
<input type="checkbox"/> Pulse Oximeter:
<input type="checkbox"/> Nebulizer:
<input type="checkbox"/> Oral / Nasal Suctioning:
<input type="checkbox"/> Cough Assist:
<input type="checkbox"/> CPAP:
<input type="checkbox"/> Tracheostomy:
<input type="checkbox"/> Ventilator:
<input type="checkbox"/> Other
Neurological:
<input type="checkbox"/> Vagus Nerve Stimulator:
<input type="checkbox"/> Diastat Administration:
<input type="checkbox"/> Valtoco Administration:
<input type="checkbox"/> Nayzilam Administration:
<input type="checkbox"/> Midazolam-Buccal:
<input type="checkbox"/> Midazolam-Nasal:
<input type="checkbox"/> Cooling Vest:

<input type="checkbox"/> Other
Endocrine:
<input type="checkbox"/> Insulin Pump:
<input type="checkbox"/> Blood Glucose Monitor:
<input type="checkbox"/> Continuous Glucose Monitor:
<input type="checkbox"/> Insulin Injection/Insulin Pen:
<input type="checkbox"/> Ketone Strips:
<input type="checkbox"/> Glucagon:
<input type="checkbox"/> Solucortef or Hydrocortisone Injection:
<input type="checkbox"/> Other:
<input type="checkbox"/> PHYSICIAN NOTE / LETTER:
Nurse Care Plans:
<input type="checkbox"/> Existing:
<input type="checkbox"/> Proposed:
EQUIPMENT AND SUPPLIES: (to be provided by parents/guardians)
CLASSROOM CONSIDERATIONS:
<input type="checkbox"/> Current Staff / Student Ratio:
<input type="checkbox"/> Other:
TRANSPORTATION ACCOMODATIONS:
<input type="checkbox"/> Lift Bus:
<input type="checkbox"/> Car Seat:
<input type="checkbox"/> Medications:
<input type="checkbox"/> Procedures to be performed During Transport:
<input type="checkbox"/> O2 Securement:
<input type="checkbox"/> Equipment to be Transported:
<input type="checkbox"/> Close Monitoring During Transport:
<input type="checkbox"/> Other:
Comments:

Formal Assessment Results Summary and Recommendations

At this time, and based on the information noted on this form, it is the nurse's professional opinion that:

- ☐ **School Nurse Services** are recommended as a related service because aspects of medical care required at school must be provided directly by a licensed nurse.
- ☐ **School Health Services** are recommended as medical needs may be addressed through Registered Nurse **delegation** to staff utilizing plans of care, physician orders, training, and school nurse supervision.
- ☐ **Student is independent**
- ☐ **Student requires no nursing interventions and/or nursing care plans at this time.**

This recommendation is based on the Rules and Regulations pertaining to the Tennessee Board of Nursing.

Code of Federal Regulations Title 34, Volume 2 (13) defines "School health services and school nurse services mean health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person."

The IEP/504 team should consider this recommendation, along with additional available information before making the decision regarding this student's educational requirement for services. While the ultimate determination of the requirement for services is a team decision, the recommendation is based on the nurse's assessment.

School Nurse Name and Credentials:

Signature:

Signature Date:

Example Health Assessment⁵

Student Name: _____ Date of Birth: _____ Grade: _____ School Year: _____ Teacher/Staff Contact Person: _____ Date of Assessment: _____ Parent/Guardian: _____ Day Phone: _____ Other: _____ Healthcare Provider: _____ Day Phone: _____ Other: _____	
ASSESSMENT CRITERIA	DATE/DATA
Healthcare Provider(s) Chronic condition management medical orders (e.g., current treatments, medications) Date of last visit Existence of a Shared Plan of Care	
Health History Related to the Chronic Condition Age of diagnosis Pattern of exacerbations and/or emergencies Medications Current treatments Past hospitalizations	
Social Determinants of Health & Education Family structure Culture Healthy literacy Social supports Housing Transportation Access to health care Neighborhood/community environment (e.g., air quality, safe recreation space)	
School Environment Mode of transportation to/from school Class schedule School-sponsored events Field trips Education plans Built environment (e.g., indoor air quality, pests, bus idling)	
Individual Student Characteristics Developmental level Accommodations (e.g., mobility, self-carry medications and/or equipment) Social/Emotional/Learning Knowledge, strengths, & concerns related to the chronic condition Self-management skills Degree of independence	
Review of Systems (Historical Data) General Health & Appearance Immunization status	

⁵ Adapted from the National Association of School Nurses Health Assessment Template

Head/Neck Vision/hearing Nose/sinuses Dental Respiratory Cardiac Musculoskeletal Skin and nails Gastrointestinal Genitourinary	
Objective Data Physical assessment Biophysical assessment (e.g., height, weight, BMI, blood pressure, pulse, respiratory rate) Lab results	
Equipment and Supplies Emergency/disaster plan	
EXPANDED NURSING ASSESSMENT	
Additional demographics <ul style="list-style-type: none"> • <i>Gender identity</i> • <i>Race/ethnicity</i> • <i>Language</i> • <i>Migrant</i> 	
Social considerations <ul style="list-style-type: none"> • <i>Living arrangement (e.g., homelessness, foster care; household members)</i> • <i>Family structure (e.g., head of household)</i> • <i>Nutritional status/food security</i> • <i>Health insurance?</i> • <i>Currently seeing a counselor or case worker?</i> • <i>Feel safe in personal relationships?</i> 	
Education considerations <ul style="list-style-type: none"> • <i>Special education/accommodations (e.g., IEP, 504)</i> • <i>Total absences past calendar year (0-4; 5-9; 10-14; 15-17; > 18)</i> • <i>Tardiness (None – Very Frequent)</i> • <i>Missing assignments (None – Very Frequent)</i> • <i>Off-task in classroom behavior (None – Very Frequent)</i> 	
Student knowledge of health condition <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Some <input type="checkbox"/> Thorough 	
Skill in managing health condition <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Some <input type="checkbox"/> Thorough 	
Behavior health risks (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Mental health condition <input type="checkbox"/> Substance abuse <input type="checkbox"/> Sexual activity <input type="checkbox"/> Disordered eating <input type="checkbox"/> Cutting or self-harm 	

- ☐ Suicidal ideation
- ☐ Stress management
- ☐ Anger management
- ☐ Antisocial behavior
- ☐ Negative peer influence
- ☐ Other _____

Family history

- ☐ Mental health condition(s)
- ☐ Substance abuse
- ☐ Incarceration
- ☐ Other _____

Impaired school function (check all that apply)

- ☐ Behavior issues
- ☐ Discipline referrals
- ☐ Suspended/expelled
- ☐ Truancy
- ☐ History of academic failure
- ☐ Bullied/Bully
- ☐ Other _____

Student Strengths (check all that apply)

Belonging

- ☐ Family support
- ☐ Peer support
- ☐ Community support
- ☐ Pro-social activities
- ☐ Other _____

Independence

- ☐ Control of actions
- ☐ Control of thoughts
- ☐ Control of money
- ☐ Control of time
- ☐ Other _____

Generosity

- ☐ Shares time
- ☐ Shares things
- ☐ Shares respect
- ☐ Shares understanding (empathy)
- ☐ Shares knowledge
- ☐ Other _____

ANALYSIS OF ASSESSMENT DATA

Student & family strengths (health, academic, & social):

Student & family risks (health, academic, & social):

Student & family needs (health, academic & social):



School Nurse Summary Report Example⁶

The school nurse report should be written in complete sentences using language that lay people will understand. It is discouraged to include all the information collected in the health history. Summarize relevant data that will support school nurse recommendations regarding health-related issues.

Student Name:			
Date of Birth:			
Address:			
Phone:			
Parent/Guardian Name(s):			
Sources of information:			
School:	Grade:	Teacher:	
Date of Evaluation:	Age at Evaluation: Years Months	School Nurse Name:	
Referral and evaluation concerns:			
School attendance and current special services, if any:			
Social history/family and household structure:			
Significant family health and educational history:			
Gestational and birth history:			
Developmental history:			
Past health history:			
Current health status:			
Behavioral concerns:			
Child observation and health assessment:			
Summary of health needs at school (<i>This is a short summary statement indicating whether or not there are any medical/health/behavioral difficulties that may affect the educational performance. Include strengths. Include what school nursing/health</i>)			

⁶ Adapted from the Role of the School Nurse in the Special Education Process Part 1: Student Identification and Evaluation

<i>services the student may need):</i>			
<i>Signature:</i>			Date:

A Tool for Sensory/Communication Concerns⁷

Communication			
Student's communication method (Check all that apply) <input type="checkbox"/> Speaks in full sentences <input type="checkbox"/> Speaks in short sentences <input type="checkbox"/> Uses 1-2 words only <input type="checkbox"/> Gestures <input type="checkbox"/> Pictures <input type="checkbox"/> Nonverbal		Plan for school nurse's communication method <input type="checkbox"/> Spoken language using simple, direct words <input type="checkbox"/> Written words/boards <input type="checkbox"/> Pictures <input type="checkbox"/> Other	
Notes: 			
Response to stimulus			
<input type="checkbox"/> Light	<input type="checkbox"/> Touch	<input type="checkbox"/> Noise	<input type="checkbox"/> Smell
Notes: 			
Other Accommodations			
<input type="checkbox"/> Fidget box		<input type="checkbox"/> Music	
<input type="checkbox"/> Picture schedule		<input type="checkbox"/> Dim Lighting	
<input type="checkbox"/> Reinforcement		<input type="checkbox"/> Modeling procedure	
Notes: 			
Student Interest			
1.		2.	
3.		4.	
Notes: 			
Considerations for Health Office			
<i>The following events may occur in the health office. If the student has a procedure or routine for any of the following actions, please check the box then briefly explain the process.</i>			
<input type="checkbox"/> Taking medication			
<input type="checkbox"/> Communicating pain (e.g., pain using a rating scale, point, verbalize, display different behavior, etc.)			
<input type="checkbox"/> Taking temperature			
<input type="checkbox"/> Cleaning a cut or scrape			
<input type="checkbox"/> Placing a band aid			
<input type="checkbox"/> Using an ice pack			
<input type="checkbox"/> Changing clothes if soiled			
<input type="checkbox"/> Other medical procedure (e.g., feeding tube)			
<input type="checkbox"/> Other			

⁷ Adapted from the Kennedy Krieger Institute

Please explain any checked boxes:

Example Checklist for Contracted Nursing Services at School

LEAs should consider the following checklist when coordinating agency-contracted nursing care.

District Administrator/School Health Services Supervisor
<input type="checkbox"/> Develop policy and procedures for use of contracted nurses
<input type="checkbox"/> Establish contracts and Memorandum of Understanding with contract agency(s)
<input type="checkbox"/> Obtain signatures needed
<input type="checkbox"/> Meet with agency administrator if needed
School Nurse (With Support From School Administrator/District Lead Nurse)
<input type="checkbox"/> Meet with IEP/504/IHP team; establish need for personal nurse; review procedures with team
<input type="checkbox"/> Complete forms for release of information between parent/guardian, agency, and school
<input type="checkbox"/> Participate in IEP/504/IHP meeting and develop IHP/IEP/504 including plan for personal nurse
<input type="checkbox"/> Obtain health care provider orders and parent authorization for medications, procedures, treatments in school and any other required forms per LEA policy
<input type="checkbox"/> Provide training for contracted nurse about LEA protocols and procedures, including:
<ul style="list-style-type: none"> • Assessment of condition and equipment prior to coming to school • Responsibility to care for student at all times • Health procedure protocols in schools (e.g., where procedures will be done) • Emergency procedures and response • Communication contacts; communication system/plan with school nurse • Sharing of IHP and agency care plans • Documentation system and requirements
<input type="checkbox"/> Provide training of school staff in back up care, assistance as needed, and roles in emergencies
<input type="checkbox"/> Arrange training of contracted nurse about protocols and responsibilities, including:
<ul style="list-style-type: none"> • Chain of command • School schedules • School emergencies and disaster protocols/plans • Classroom protocols (e.g., involvement of transportation staff) • Confidentiality • Concept of team in school • Contracted nurse should not communicate educational information to parent/guardian • Personnel Rules (e.g., no smoking, limit cell phone use, no visitors, etc.)
<input type="checkbox"/> Arrange meeting with teacher(s) to clarify classroom role; train in classroom responsibilities
<input type="checkbox"/> Monitor student health status and contracted nurse competency in delivery of care; document
<input type="checkbox"/> Communicate regularly with contracted nurse, parent/guardian, and IEP/504/IHP team regarding student health status and progress
Contract Agency Responsibilities
<input type="checkbox"/> Provide contracted nurse documentation (e.g., credentials, licensure, CPR certification, insurance, criminal and background check, Identification, etc.)
<input type="checkbox"/> Provide contract information of agency supervisor
<input type="checkbox"/> Training of contracted nurse on special procedures and medical equipment
<input type="checkbox"/> Provide plan for contract nurse call off and substitute contract nurse(s)
<input type="checkbox"/> Share agency plan of care with the school nurse at determined frequency (e.g., every 60 days)
<input type="checkbox"/> Supervision of contract nurse competence and professionalism
Responsibilities of Contract Nurse
<input type="checkbox"/> Ongoing assessment of student and health care equipment maintenance at school
<input type="checkbox"/> Provide competent student care at all times with breaks through the day
<input type="checkbox"/> Communicate condition updates and changes to the school nurse
<input type="checkbox"/> Maintain confidentiality according to LEA policy and procedure and state and federal laws

<input type="checkbox"/> Document student health status, medication, treatments, and procedures as outlined in the contract/MOU
<input type="checkbox"/> Follow school personnel policies and demonstrate professional behavior.

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