

504 Plan_

(Name)

Date:

(Name) - DOB: / /

Purpose of this 504 Plan

1. Educate the (School Name) community about celiac disease and the gluten-free diet.
2. Develop a set of reasonable accommodations that will allow (Name) to fully participate in all parts of the educational and social experience.

Overview

In (Month/Year of Diagnosis) (Name) was diagnosed with celiac disease, a genetic autoimmune condition that **affects majorly bodily functions including eating, digestion and immune function**. While (first name) primary symptoms of celiac disease are (symptoms), it is well known that over time symptoms of celiac disease change and (he/she) may experience additional symptoms upon gluten exposure including nausea, constipation, abdominal pain, skin rashes, headaches, joint pain, fatigue, or behavioral changes/mood disturbances.

The only treatment for celiac disease is a **lifelong gluten-free diet**, which means avoiding all forms of **wheat, rye and barley**. In addition to the foods being gluten-free, it is equally important that these foods are not contaminated by coming into contact with other gluten-containing foods during their preparation or service. Gluten is also found in everyday school supplies including playdoh, finger paints, paper mache and sensory table objects. Please see the attached safe, unsafe and questionable food charts.

Inadvertent or accidental ingestion of gluten **affects a student's ability to learn and seriously endangers the student's health**, both immediately and in the long term. Regular exposure to gluten can lead to complications including malnutrition, auto-immune thyroiditis, liver disease, osteopenia, osteoporosis, infertility, neurological conditions, and, in rare cases, cancer (lymphoma), and permanent immunological scarring.

Physical Symptoms Disrupt Learning

Students with celiac disease can experience a number of different physical and emotional symptoms that may negatively impact their ability to learn and grow academically and socially. Symptoms can be anxiety-provoking, embarrassing, painful and distracting. As a result of these symptoms or fears of becoming ill, students may be unable or unwilling to attend school at times. Physical and emotional symptoms negatively impact a student's ability to focus, learn, and perform at their usual level, and may have additional negative consequences due to unexcused absences and missed work.

Exclusion and Isolation

The gluten-free diet can interfere with academic and social activities, which can result in a sense of exclusion and isolation. It is challenging to participate in class lessons involving food or materials containing gluten, eat meals with peers, partake in celebratory treats, and travel on class trips. This can interfere with academic and social-emotional development in students.

Bullying and Discrimination

Students and their parents have reported bullying and discrimination because of their celiac disease and its management with the strict gluten-free diet. Students may attract negative attention from others by eating different foods, asking questions, or having symptoms that are noticeable to others. Alternatively, students without any visible symptoms may be judged by individuals who doubt the validity of their diagnosis and may not take it seriously. In either case, students may experience teasing, taunting, harassment, or bullying by

peers, teachers, coaches, and other adults. As a result, many students and their parents find it difficult, if not impossible, to advocate for their needs.

Risk for Gluten Exposure

Students with celiac disease find it difficult to prevent gluten exposure at school, which is often a primary source of risk for gluten exposure. Up to 44% of children and teens do not fully follow a strict gluten-free diet, and most often consume gluten-containing foods during meals with peers. Students are also at risk of exposure to gluten from class celebrations and cross-contact with gluten-containing materials (e.g., Playdoh, paper maché). Students with celiac disease who feel less integrated into school activities are less likely to succeed on the gluten-free diet, which results in negative short- and long-term health consequences.

Accommodations for

(Full Name):

Classroom or Other Learning Environment	Eating Spaces	Field Trips, Events, Other Off-Site Activities
<ul style="list-style-type: none"> ▪ Avoid the use of gluten in class projects, arts, science experiments, and other learning activities. ▪ Provide a gluten-free option for children with celiac disease for any institution-sponsored events involving food (e.g., parties, holiday celebrations, snacks, or rewards). ▪ Use non-food incentives for prizes, gifts, and awards. ▪ As appropriate to their age and ability, help children with celiac disease read and understand the labels of foods provided by others, so they can learn to avoid ingesting gluten. ▪ If food is provided by families for an activity, then provide 48 hours notification to the parents/guardians of children with celiac disease to determine an appropriate accommodation. The notification may include a description of the food item(s) and an ingredients list when available. (insert method of contact/email/phone) ▪ If meals and/or snacks are stored, designate space for gluten-free food storage that is separate from gluten-containing food storage. ▪ Require children with celiac disease to wash their hands with water and soap before and after eating. ▪ Require children with celiac disease to wash their hands with water and soap after handling materials that contain gluten. 	<ul style="list-style-type: none"> ▪ The food service provider should offer reasonably equivalent gluten-free food options for children with celiac disease that are cooked using methods to prevent cross-contact with gluten. ▪ All gluten-free food options served to children with celiac disease must meet the FDA’s definition of gluten-free for food labeling. ▪ Review labels of food items served to children with celiac disease for gluten-containing ingredients at the time of each new purchase. ▪ If food is provided by families for an activity, then provide 48 hours notification to the parents/guardians of children with celiac disease to determine an appropriate accommodation. The notification may include a description of the food item(s) and an ingredients list when available. ▪ If food is prepared in the institution, designate a gluten-free safe food preparation area with either dedicated or appropriately sanitized kitchen tools. If a dedicated area is unavailable, then clean preparation areas thoroughly before preparing gluten-free foods. (See (3b)) ▪ Provide copies of meal menus, including gluten-free food options, to parents/guardians of children with celiac disease at least one week prior to serving to assist families in meal planning. 	<ul style="list-style-type: none"> ▪ Avoid off-site activities that would exclude children with celiac disease from safe participation (e.g., at a bakery or other venue that will not allow gluten-free accommodations). ▪ Engage the parents/guardians of children with celiac disease in planning for accommodations for off-site activities. ▪ If food will be provided by an outside vendor, then notify the vendor of the gluten-free needs of children with celiac disease and request a written plan detailing the food that will be provided, accompanying labels or ingredient lists, and the method of preparation. ▪ If the institution will provide the food for an off-site activity, then ensure that meals and snacks are packaged in a way that prevents cross-contact and are clearly labeled as gluten-free foods. ▪ If the parents/guardians provide food for the activity, then ensure there

<ul style="list-style-type: none"> ▪ Encourage parents of children with celiac disease to provide gluten-free snack or treat items to be stored in the classroom or other agreed upon storage space in the event of an unexpected activity involving food. ▪ If there is a child with celiac disease in the classroom, then include information about celiac management procedures in instructions provided to substitute teachers. ▪ If food is ordered from a restaurant or outside vendor (e.g., Pizza Friday), then consult with the parents/guardians of children with celiac disease to develop an accommodation plan. This may include ordering from a restaurant or vendor with specific knowledge about celiac disease and gluten-free food handling, or another solution if no such restaurant or vendor is available or acceptable (e.g., bring in a gluten-free pizza from home). ▪ Notify the parents/guardians of the child with celiac disease of any learning activities that may require an accommodation at least 1 week prior to the activity. ▪ The method for parent/guardian notification (e.g., phone, email, written letter) of accommodation needs should follow the institution's standard parent/guardian notification procedures. ▪ If the classroom or learning space is utilized for other functions (e.g., PTAs, community groups), then notify these users of all policies and rules regarding use of food or food-based materials. ▪ If gluten-containing foods or materials are used during other functions, then ensure the space is properly cleaned prior to use by children with celiac disease. (See 3(b)) ▪ Report all suspected gluten exposures (e.g., cross-contact, ingredient list errors, menu changes, etc.), to designated staff member and parents/guardians immediately upon awareness. ▪ In the case of a suspected gluten exposure, regardless of whether the exposure happened at home or at the institution, provide the child with celiac disease 	<ul style="list-style-type: none"> ▪ Clean the eating surface where the child with celiac disease might eat so that the child can, like other children, choose where to sit during eating times. ▪ Encourage children and staff to wash their hands with soap and water before and after handling or eating food. ▪ Share recipes, food labels, and ingredient lists of foods used to prepare gluten-free meals and/or snacks with parents/guardians of children with celiac disease, as requested. ▪ Maintain copies of all food labels for at least 48 hours after serving a gluten-free food product in case a child with celiac disease has a reaction. ▪ The food service provider should maintain an up-to-date contact list of vendors and manufacturers for inquiries about ingredients. ▪ Develop a standard procedure for identifying children with celiac disease who need to be served a gluten-free meal that is consistent with the Family Educational Rights and Privacy Act of 1974 (FERPA). ▪ Report all suspected gluten exposures (e.g., cross-contact, ingredient list errors, menu changes), to designated staff member and parents/guardians immediately upon awareness. ▪ If food is prepared on site at the institution, then designate a staff member to oversee upkeep of gluten-free food preparation, food ordering, and the serving to children with celiac disease. Identify a back-up individual or team in case of absence from the primary designee. ▪ If the institution is required to maintain an emergency supply of food based on state and local laws, keep gluten-free foods for children with celiac disease. ▪ In the case of a suspected gluten exposure, regardless of whether the exposure happened at home or at the institution, provide the child with celiac disease 	<p>is a method for safely transporting and serving the food to the child with celiac disease in a way that prevents cross-contact with other food items.</p> <ul style="list-style-type: none"> ▪ Ensure those responsible (chaperones/staff) for a child with celiac disease are informed of the accommodation plans for children with celiac disease. ▪ Inform the parents/guardians of children with celiac disease of the plan for accommodating their children at least 1 week prior to the activity. ▪ Consider inviting the parents/guardians of children with celiac disease to accompany activities that require an accommodation. ▪ Report all suspected gluten exposures (e.g., cross-contact, ingredient list errors, menu changes), to designated staff member and parents/guardians immediately upon awareness. ▪ In the case of a suspected gluten exposure, regardless of whether the exposure happened at home or at the institution, provide the child with celiac disease unrestricted access to the bathroom facility and health/counseling staff.
--	--	---

unrestricted access to the bathroom facility and health/counseling staff.	unrestricted access to the bathroom facility and health/counseling staff.	
---	---	--

Plan for a Gluten Exposure:

If (Name) is exposed to gluten, (he/she) will not experience immediate life-threatening symptoms, such as anaphylaxis. However, as noted earlier, (he/she) may experience (symptoms).

The gluten exposure may or may not have occurred at (school name). The onset and duration of symptoms may range from minutes to hours to days in children with celiac disease. As such, personnel at (school name) should assist (Name) if he is experiencing symptoms. This includes: **contacting** (Name) 's (Name) parents immediately; seeking further **medical attention** if (Name) vomits continuously or appears severely dehydrated; and assigning a designated staff member to **review the exposure and response to the exposure** with (Name) 's (Name) parents to develop a strategy to prevent future exposures.

Attachments to Review: (1) 2020 Voluntary Recommendations for Managing Celiac Disease in Learning Environments