

- preferential seating.
- extended time on tests and assignments.
- reduced homework or classwork.
- verbal, visual, or technology aids.
- modified textbooks or audio-video materials.
- behavior management support.
- adjusted class schedules or grading.
- verbal testing.

- Physical exam. This may include measuring your height and weight; checking your vital signs, such as heart rate, blood pressure and temperature; checking your skin and nails for problems; listening to your heart and lungs; and examining your abdomen.
- Lab tests.
- Psychological evaluation.
- Other studies.

The atypical anorexia definition refers to an intense fear of weight gain and an extreme restriction of food and energy intake without extreme weight loss or very low body weight. This means that people with this eating disorder can have a normal or above-average body weight.

The three criteria for anorexia nervosa under the DSM-5 include: Restriction of calorie consumption leading to weight loss or a failure to gain weight resulting in a significantly low body weight based on that person's age, sex, height and stage of growth. Intense fear of gaining weight or becoming "fat."

Bad Things About 504 Plans Students have to get labelled with a disability to get at 504 Plan. Some families want to keep disabilities private or disagree their child has a disability. 504 Plans open the door to school disability assessments, which may contain data a parent disagrees with.

Answer: Yes. A student may qualify for a 504 plan if anxiety gets in the way of the student participating at school. The 504 plan aims to remove barriers caused by the anxiety.

Eating disorders are diagnosed based on signs, symptoms and eating habits. If your doctor suspects you have an eating disorder, he or she will likely perform an exam and request tests to help pinpoint a diagnosis. You may see both your primary care provider and a mental health professional for a diagnosis.

Eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They can be very serious conditions affecting physical, psychological and social function.

Although there is no one laboratory test to screen for eating disorders, a healthcare provider can use a variety of physical and psychological evaluations as well as lab tests to determine a diagnosis.

Symptoms of Anorexia Nervosa. Anorexia nervosa may be mild and transient or severe and persistent. The first indications that someone is developing anorexia nervosa may be a subtle increased concern with diet and body weight in a person who is not significantly overweight.

Secondary anorexia is one of the main factors responsible for the development of malnutrition, which in turn negatively affects patient morbidity and mortality. Different mechanisms have been proposed to explain the pathogenesis of secondary anorexia.

The differential diagnoses of anorexia nervosa (AN) includes various types of medical and psychological conditions, which may be misdiagnosed as AN. In some cases, these conditions may be comorbid with AN because the misdiagnosis of AN is not uncommon.

One Place for Treatment Admission criteria require that patients be less than 70 percent of their ideal body weight, or have a body mass index (BMI) below 15. In a woman who is 5 feet 4 inches tall, that's about 85 pounds.

Anorexia nervosa is an eating disorder that can result in severe weight loss. A person with anorexia is preoccupied with calorie intake and weight. People with anorexia nervosa eat an extremely low calorie diet and have an excessive fear of gaining weight. They often feel better about themselves when they lose weight.

The disorder is diagnosed when a person weighs at least 15% less than their normal/ideal body weight. Extreme weight loss in people with anorexia nervosa can lead to dangerous health problems and even death.

- Discipline. This is often the greatest fear of a student with anxiety.
- Class Participation Expectations and Presentations.
- Testing Conditions.
- Considering Other Environments and Special Events.
- A Safe Person.

The short answer is there are no IEPs or 504 plans in college. The Individuals with Disabilities Education Act (IDEA), the law that provides students with IEPs, no longer applies to them once they graduate from high school.

In college, you are protected by Section 504, as well as the ADA, which both ensure that you are not discriminated against on account of your disability. You are no longer entitled to a free public education or the same level of academic support that you previously received in high school.

If a child is having a depression, this school system can provide a number of supports. In a formal manner, families can request help from the school and this may result in either the development of what's known as a 504 plan that can offer accommodations for that child.

To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment.

Both Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA) of 2004 provide protections for children who have OCD. Parents may need the help of school personnel to determine the law under which it is most appropriate to seek services for their child.

- Complete blood count (CBC)

- Checks for levels of albumin (a liver protein)
- Measure of electrolytes.
- Kidney function tests.
- Liver function tests.
- Measure of total protein.
- Thyroid function tests.

1. You don't eat enough, so you're underweight.
2. Your self-esteem is based on the way your body looks.
3. You are obsessed with and terrified of gaining weight.
4. It's hard for you to sleep through the night.
5. Dizziness or fainting.
6. Your hair is falling out.
7. You no longer get your period.
8. Constipation.

Overview. Anorexia is a general loss of appetite or a loss of interest in food. When some people hear the word "anorexia," they think of the eating disorder anorexia nervosa.

- Anorexia.
- Bulimia.
- Binge eating disorder.
- Avoidant/restrictive food intake disorder (ARFID)
- Pica.
- Other specified feeding and eating disorder (OSFED)
- Orthorexia.

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If your child with an Autism Spectrum Disorder does not qualify for an IEP (Individualized Education Program), it is possible that he/she might qualify for a Section 504 Plan. This plan, part of the federal Rehabilitation Act of 1973, protects qualified individuals from discrimination based on their disability. People who have a physical or mental impairment that "substantially limits one or more major life activities", may qualify for a Section 504. Among the conditions possibly covered are difficulties: eating, sleeping, standing, lifting, bending, reading, concentrating, thinking or communicating. Also included are physical or mental impairments, physiological disorders, or performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Major bodily functions that are included as major life activities are functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions (this is not a comprehensive list). A student who qualifies for a Section 504 Plan is required to be offered FAPE (free appropriate public education).

Here are some websites for more information:

<http://www.ed.gov/about/offices/list/ocr/504faq.html#protected>

<http://www.hhs.gov/ocr/civilrights/resources/factsheets/504.pdf>

<http://www.greatschools.org/LD/school-learning/section-504.gs?content=868>

<http://www.wrightslaw.com/info/sec504.index.htm>

<http://www.ed.gov/about/offices/list/ocr/docs/edlite-FAPE504.html>

<http://wrightslaw.com/info/sec504.index.htm>

Some books from our bookstore to help you:

[http://www.autismbookstore.com/Merchant2/merchant.mvc?
Screen=PROD&Store_Code=ASNC&Product_Code=BWRI03&Category_Code=IEPs](http://www.autismbookstore.com/Merchant2/merchant.mvc?Screen=PROD&Store_Code=ASNC&Product_Code=BWRI03&Category_Code=IEPs)

From Emotions to Advocacy, Pete Wright

[http://www.autismbookstore.com/Merchant2/merchant.mvc?
Screen=PROD&Store_Code=ASNC&Product_Code=BWRI01&Category_Code=IEPs](http://www.autismbookstore.com/Merchant2/merchant.mvc?Screen=PROD&Store_Code=ASNC&Product_Code=BWRI01&Category_Code=IEPs)

Special Education Law, Pete Wright

Section 504 of The Rehabilitation Act of 1973 requires public schools to offer accommodations for eligible students with disabilities. These accommodations help students with special health needs to participate in New York City Department of Education (DOE) programs and activities on an equal basis with their peers who do not have disabilities.

DOE program or activity means those sponsored by the DOE, including PA/PTA sponsored after-school programs or extracurricular activities in a DOE building. Parents who have questions or are concerned about their child's access to a DOE or non-DOE extracurricular program may contact their school 504 Coordinator or principal, Health Director, or email 504Questions@schools.nyc.gov.

For more information and answers to frequently asked questions, review the 504 Accommodations: Student & Family Guide and Chancellor's Regulation A-710 (Section 504 Policies and Procedures for Students).

For students with diabetes: visit the Diabetes webpage, which includes the Diabetes 504 Plan Template.

Please reach out to the 504 Coordinator and/or Health Director for your child's school. If you have additional questions about DOE Section 504 policy and procedures, please contact Karly Smelson, Section 504 Program Manager at 212-287-0354 or 504Questions@schools.nyc.gov.

Your child may be eligible for health services and/or other types of accommodations.

Students qualify for 504 Accommodations if:

1. They have a physical or mental impairment; and
2. The impairment substantially limits at least one major life activity.

Physical or Mental Impairments

Some examples of physical or mental impairments are physical disabilities, health conditions, mental disorders, and learning disabilities.

- Short term impairments (like a broken leg) may qualify a student for 504 accommodations. Such accommodations vary depending on how long the impairment lasts, and how limiting it is.
- Episodic impairments (like asthma) may qualify a student for 504 accommodations. Students are qualified if the impairment substantially limits a major life activity when it is active.

Examples of Major Life Activities: Caring for oneself, communicating, bending, breathing, doing tasks with one's hands, eating, focusing, hearing, learning, lifting, major bodily functions, reading, seeing, sleeping, speaking, standing, thinking, walking, working.

The major life activity substantially limited need not be "learning" for a student to be eligible for 504 accommodations.

Does your child have an impairment that substantially limits them in any of the life activities listed above? If so, your child may qualify for accommodations under Section 504.

Once the correct forms are submitted to the school (described below), each student's case is reviewed individually.

The 504 Coordinator will contact you to schedule a meeting. As explained below, you will be part of the school-based 504 Team that meets to discuss your request and other relevant information about your child and decides if your child is eligible for accommodations and if so, which accommodations are appropriate.

If you would like interpretation services at the 504 meeting, please inform your school's 504 Coordinator.

Who goes to the 504 accommodations meeting (504 Team meeting)?

The 504 Team meeting is attended by the parent, and people who know your child's abilities. They understand the information that is being reviewed and know the types of accommodations that may meet your child's needs.

The 504 meeting must also include at least one person in each category below who can:

- Talk about your child's abilities and skills. (For example, your child's teacher or guidance counselor may attend.)
- Interpret reports or evaluations. (For example, the school social worker or nurse may attend.)
- Share information about the accommodations that may meet your child's needs. (For example, the 504 Coordinator)

Where health services are requested, the school nurse, or Office of School Health member (e.g., Borough Nursing Director, Nursing Supervisor, Diabetes Team Member, health care provider) must be a member of the 504 Team.

If you would like interpretation services at the 504 Team meeting, please inform your school's 504 Coordinator.

Diabetes: Interim Care Meeting

As soon as possible, and no later than 5 school days (unless additional time is necessary to accommodate a parent's schedule) after DOE's receipt of the Diabetes Medication Administration Form, the school will convene a meeting with the parent, a school administrator, the 504 Coordinator, school nurse, and if possible Office of School Health member (e.g., Borough Nursing Director, Nursing Supervisor, Diabetes Team Member, health care provider), to discuss the student's needs between when the Diabetes MAF is complete and ready to implement and when a final 504 Plan is signed and implemented, such as staff training on hypo- and hyperglycemia, blood glucose monitoring, insulin administration, and accommodations such as access to food and water during the school day.

What Information is Reviewed at the Meeting?

The 504 team will review information which comes from different sources, such as your child's tests, observations, work samples, report cards, and medical records. This will help the Team understand your child's abilities, achievement, behaviors, and health needs. Parents and school staff may bring any information they believe best describes the child's abilities and needs.

Diagnosis and Suggestions from Your Child's Doctor

Your child's doctor must complete the Medical Accommodations Request Form. The doctor may suggest that the school provide certain accommodations. The 504 Team will decide if the suggested accommodations are appropriate, and if so, how to provide them at school.

If your child is determined eligible for accommodations, the 504 Coordinator fills in the 504 Accommodation Plan Template (504 Plan) with 504 Team (including parent) input and based upon the relevant documentation described above. The 504 Plan is a roadmap that describes in detail the accommodations your child will receive in the least restrictive environment at school and, as relevant, in other DOE programs and activities.

No 504 Plan may be implemented without written parental consent, which is typically provided at the 504 Team meeting where the Plan is completed or soon thereafter.

If you would like translation of the 504 Plan and/or notices, please inform your school's 504 Coordinator.

To request 504 accommodations, complete the Request for Section 504 Accommodations Parent Form with HIPAA Authorization, have your child's health care provider fill out the Medical Accommodations Request Form, and submit both forms to your school's 504 Coordinator.

Health services are for students who need to take medicine (like insulin) or receive a special nursing treatment at school. Find out more, and relevant forms, on our Health Services page.

How to Apply for Health Services: Submit the relevant Medication Administration Form (MAF), and/or Medically Prescribed Treatment Form (for treatment other than medication) to the school nurse/medical professional in your child's school building.

Review the Guidelines for Provision of Health Services and Section 504 Accommodations (see below) for more details on how to apply.

Not all students who need health services at school need a 504 Plan. If your child's health service does not affect their ability to participate in school and other DOE programs and activities, then they do not need a 504 Plan and you do not need to submit the 504 accommodation request forms in addition to the MAF and/or Medically Prescribed Treatment Form. Contact your school's 504 Coordinator for guidance.

- Example 1: A student stubbed their toe and visits the nurse's office for treatment during the day. They do not need any other supports or accommodations. This student does not need any other supports or accommodations.

- This student does not need a 504 Plan.
- Example 2: During the school day, a student with diabetes must have their blood glucose levels monitored throughout the day, takes insulin at certain times, and needs bathroom breaks and access to glucagon and snacks to manage their diabetes care.
 - This student does need 504 Plan

Educational accommodations are for students who need building, classroom or testing accommodations. For example, students some students may need a barrier-free building, assistive technology, special furniture, or breaks or extra time to complete activities or take tests.

Classroom accommodations are changes to the classroom setting to enable students with disabilities to participate in school. For example, students with disabilities that impact their hearing or vision might be seated close to the teacher or blackboard. Some students may receive: modifications to their class schedule, class setting, seating arrangement, and/or the method of receiving directions for class activities, and/or extra breaks or longer time for class activities.

Testing accommodations are changes to the way tests are given, or to testing format. Some students with disabilities may need these changes to be able to show their understanding of material. The testing accommodations are intended to remove barriers and increase access to the test, but do not change the skills or content that test measures.

Requests for testing accommodations should be made at the beginning of the school year or immediately upon discovery of a condition that would warrant such a request, and not immediately prior to testing (except in cases of emergency).

The four types of testing accommodations are:

- Method of Presentation
 - Examples: Test directions or questions may be read, repeated, and explained by school staff. Tests may be also be given in braille.
- Method of Response
 - Examples: Students may use assistive technology devices. Students may write answers directly in answer booklets, or type their answers using a computer.
- Test Timing
 - Examples: Students may receive breaks or have more time to take tests.
- Test Setting
 - Examples: Students may take tests in separate locations, in a small group, or with special lighting or furniture.

Paraprofessionals (paras) help students with physical and mental disabilities. Paras work with students to make sure their learning and health needs are met at school. Paras work in the classroom, under the general supervision of a certified teacher.

Can a Para Help My Child?

Paras can help your child if they require support with tasks due to their disability in order to access DOE programs and activities. Some examples of qualifying disabilities are asthma, diabetes, cancer, HIV/AIDS, ADD/ADHD, and severe allergies. Under the guidance of the school nurse, a para can check for signs and symptoms of a specific condition, help students with disabilities eat and move, and help students get to the school nurse.

Your child may be eligible for student transportation to and from school by yellow bus or Metro Card if they are within a certain grade range, and a distance range from the school. Check the Office of Pupil Transportation (OPT) eligibility webpage to see if your child is eligible for a yellow bus or Metro Card.

For requests for transportation accommodations (for example, limited travel time or paraprofessional support to provide one-to-one supervision on the school bus), complete the accommodation request forms described above (Request for Section 504 Accommodations Parent Form with HIPAA Authorization, have your child's health care provider fill out the Medical Accommodations Request Form), and submit both forms to your school's 504 Coordinator. Requests based on a long-term medical condition that impacts the child's ability to take public transportation are reviewed by the 504 Team.

If your child requires transportation as an exception to OPT's eligibility rules because of a temporary medical condition or short- or long-term limited mobility, the parent must submit the Medical Exception Request forms to OPT instead of the request for accommodation forms described above.

Can my child get Related Services with a 504 Plan?

Typically at the DOE, students who require related services receive them through an Individualized Education Program (IEP), and not a 504 Plan. Examples of related services are physical therapy, speech therapy, and mandated counseling services. If your child appears to need any of these services, generally the 504 Team will refer your child to the school-based IEP team or district Committee on Special Education.

Once my child is determined to be eligible, are they always eligible for accommodations?

The parent must submit the MAF and/or Medically Prescribed Treatment Form annually. New 504 request forms (Request for Section 504 Accommodations Parent Form with HIPAA Authorization and Medical Accommodations Request Form) are also required to request new or modified health services or other accommodations, but may not be needed to continue an existing accommodation.

504 Plans must be reviewed before the end of each school year or more often if necessary, and amended at the time of the review, if necessary.

If your child's impairment continues to substantially limit their participation in school, your child will remain eligible for accommodations. The 504 Team will meet before the end of the school year, to the extent possible, to create a new Plan for the upcoming school year.

If it is decided that your child's impairment no longer substantially limits their ability in a major life activity, your child is no longer eligible for accommodations (the 504 Plan is ended).

Schools will communicate with you about DOE Section 504 policies and procedures. All schools post and share the Notice of Non-Discrimination under Section 504 annually and upon request.

If you would like interpretation services at the 504 meeting, and/or translation of the 504 Plan and/or notices, please inform your school's 504 Coordinator.

If the 504 Team decides that your child qualifies for 504 accommodations, you will also receive:

- A Notice of Eligibility. If you do not agree with the eligibility determination, talk to your school's Borough/Citywide Office Health Director. Contact information will be provided by the school or can be found on the Section 504 webpage. You may also request an Impartial Hearing to challenge the determination of the Health Director and must submit the written request within 10 school days of receiving the determination.
- 504 Plan. If your child is determined eligible for accommodations, the 504 Coordinator completes the 504 Plan with the 504 Team's input and based upon the relevant documentation.
- An Annual Notice of Reauthorization: Parent Letter – 504 Accommodation Reauthorization (School Year 2022 – 2023). This letter will tell you the steps that you must take to have your child's 504 accommodations renewed for the next school year. See Chancellor's Regulation A-710 for more information.

For information on medically necessary instruction, visit <https://www.schools.nyc.gov/learning/programs/medically-necessary-instruction> or call 718-794-7200.

- Sensory Processing Disorders and 504 Accommodations
 - SENSORY PROCESSING DISORDER is not listed in the DSM-5
 - It is a neurological dysfunction
 - It can affect a child's behavior
 - It can affect a child's participation in school
 - It can affect a child's participation in sports
 - It can affect a child's test scores

If your child is struggling with sensory processing disorders, they may be eligible for an accommodation called a 504 Plan. A 504 Plan is a legal document that states what accommodations your child will need in order to function at school. These accommodations may include eating lunch at a different location, additional time for tests, or other specific requirements. These accommodations are often based on the child's age and development.

Despite its wide prevalence, Sensory Processing Disorder (SPD) is not officially recognized as a mental disorder in the DSM-5. It is not listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), the official manual for diagnosing mental illnesses and cognitive disabilities. Consequently, pediatricians are recommended not to use SPD as a stand-alone diagnosis, but to consider other possible causes, such as autism spectrum disorder, or other developmental issues.

The APA has declined to recognize the disorder as a diagnosis, despite the fact that more than half of its diagnostic criteria describe symptoms of SPD. Furthermore, the DSM 5 fails to recognize sensory-based disorders, such as ADHD and autism, as legitimate medical conditions. This is one of the reasons why it has been ignored as a diagnosis by doctors. Despite the lack of a formal diagnostic code, however, most of the individual components of SPD can be identified in the ICD-10.

As the name suggests, sensory processing disorder is a neurological condition that affects the way the brain processes sensory information. It is usually characterized by problems processing a person's hearing, touch, smell, and taste. A person with SPD can be sensitive to even the most common sensory stimuli and overreact. Symptoms are most commonly seen in children, though adults can also experience SPD. Those with SPD may have symptoms, such as sensitivity to loud noises, but they may hide these symptoms or mask the condition.

A child with sensory processing disorder may be eligible for special accommodations under Section 504, the Americans with Disabilities Act. A disability is defined by the government as a physical or mental impairment that prevents the child from fully participating in an activity or major life function. In many cases, a 504 plan may be the best option. These plans are less detailed than an IEP, but may still provide accommodations that help the child succeed in school.

Despite not specifically referencing Sensory Processing Disorder in the IDEA, many children may be eligible for special education. The term Other Health Impairment (OHI) refers to medical conditions that affect a child's strength, vitality, or alertness. A child with a sensory processing disorder, however, may experience heightened alertness or sensitivity to certain types of stimuli. Ultimately, a sensory processing disorder can cause a child to experience heightened alertness or sluggishness, which can make it difficult for him or her to attend and focus.

When a child has SPD, the brain processes sensory information incorrectly. These children are over or undersensitive to sensory information, causing them to respond inappropriately. They may have trouble distinguishing between different textures, or they may vomit at certain foods or sounds. Regardless of their age, sensory processing disorders can be very difficult to deal with and often lead to challenging behavior. These disorders tend to run in families, and a genetic problem may be the cause.

A child with sensory processing disorder may have difficulty sitting still, pinching objects, and erasing paper. This may also affect their attention span and ability to transition from one activity to another. Sensory delays can cause a variety of other behavioral problems. In order to understand the best ways to support a child with a sensory processing disorder, parents must learn how to identify sensory triggers and how to make modifications.

Visual discrimination problems are often the first sign of a sensory problem. These children may have difficulty differentiating shapes or similar letters and may confuse them with their surroundings. These children may also have difficulties finding information on a page. Consequently, they may skip lines or read backward. For example, they may be unable to distinguish colors or identify shapes without the use of a ruler.

Although there is no specific reference to Sensory Processing Disorder in the IDEA, many children with Sensory Processing Disorder are eligible for special education under Other Health Impairment. Other Health Impairment, also known as OHIP, refers to medical conditions that limit a person's strength, vitality, or alertness. Some children with Sensory Processing Disorder also exhibit heightened alertness. In addition, sensory processing disorder may interfere with a child's ability to attend and focus.

While a child with a sensory processing disorder may be able to thrive in school, he or she may need specialized accommodations to ensure he or she can participate fully. There are many ways to provide sensory-sensitive accommodations, including modifying the environment. However, a 504 plan is a formal document that details the accommodations that the child will need to be successful in school. This includes providing extra time during tests and lunch breaks.

Children with SPD need frequent brain breaks and sensory stimulation times throughout the day. A child's environment should allow for a balance between respecting his or her triggers and exposing him or her to as many different types of sensory stimulation as possible. A classroom should have a quiet area where a child with sensory processing disorder can regroup with a book or 'fidgets' that he or she enjoys.

A 504 accommodation should provide the same modifications and supports that are provided in an IEP. For example, a child may require a separate testing room or a longer time for a test. They may also need a way to record their answers. In addition to accommodations, a child may need to copy notes, have a written explanation, or have a visual explanation of the instructions.

The Section 504 regulations require school districts to provide “Free Appropriate Public Education” (FAPE) to qualified students with disabilities. FAPE refers to a student’s access to regular or special education, as well as related aids and services, that meet the individual needs of the student. Students with sensory processing disorders have abnormalities in the way their nervous systems process sensory input.

Other children with sensory processing disorder have difficulty erasing paper, pinching, or slamming objects. They also may have difficulty sitting still or transitioning activities. Those with sensory processing disorders can benefit from a 504 accommodation. Learning new sports skills and rules slowly and using visual images may help them overcome sensory processing challenges. If a child is unable to master new skills or rules right away, he or she may lose interest in playing sports.

In addition to extra time for academic assignments and services to help the student organize and plan, school districts may have other criteria for a student to participate in an activity. However, those criteria cannot be discriminatory. Moreover, school districts cannot prevent a child with a sensory processing disorder from participating in sports simply because of a disability. However, if a child with sensory processing disorder has a 504 accommodation, this does not mean they cannot participate in the sport or activity.

A child with sensory processing disorder may be oversensitive to certain scents, textures, or sounds. They may also gag and avoid certain foods. This disorder may interfere with a child’s ability to learn, focus, or even perform on certain tests. As a result, parents should make sure that they understand the disorder’s effects on a child’s ability to perform. Parents should consider how sensory processing affects the child’s test scores.

If your child has a sensory processing disorder, you may be able to receive accommodations in school. A 504 plan outlines the accommodations that are necessary to accommodate the child’s needs, including eating lunch elsewhere or having extra time to complete tests. These accommodations will be specified in the child’s IEP and implemented at school. Despite the challenges posed by sensory processing disorder, your child can thrive in school with a little extra help.

The Americans with Disabilities Act (ADA) does not specifically mention Sensory Processing Disorder, but many children with SPD qualify for special education under the Other Health Impairment category. Other Health Impairment includes all conditions that cause a child to have limited strength, vitality, or alertness. However, children with Sensory Processing Disorder can qualify for special education under the IDEA, because they are likely to have learning issues. A child with sensory processing disorder can struggle to focus and comprehend social cues and can experience difficulties in school.

Central education, accommodations, sensory processing disorder, organizational strategies, assistive technology, individualized education program (IEP), specific learning disabilities, transition services, and a how-to guide.

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for educationally relevant tasks that may indirectly support a child's feeding needs.

For example, occupational therapists may provide fine motor training to support pencil grasp, which may also support a child's ability to hold and use feeding utensils. Similarly, speech and language therapists may help a child strengthen oral motor skills to support speech articulation, and these exercises may indirectly improve a child's eating/feeding abilities.

Many families pursue private feeding therapy for school-aged children. Private therapists and school-based therapists should collaborate directly to discuss strategies, accommodations, and/or services that may benefit the child. Below is a non-exhaustive list of accommodations/services that families and school teams may consider when determining appropriate supports for an individual child.

Possible Accommodations/Services for Children with Feeding Disorders Who Eat Orally

- Extra time for eating (for children with reduced endurance for self-feeding)
- Opportunity to bring special foods from home (for children with restricted diets, food allergies, or need for specific textures/consistencies)
- Opportunity to snack during instruction or short breaks from instruction during day for snacking (for children who may not reasonably be able to consume sufficient calories during a designated lunch period)
- Familiar adult to provide supervision during eating (for children who are safe to eat at school per medical team but who may be at some risk for aspiration or choking)
- Verbal or visual cues to chew/swallow
- Verbal or visual cues to help child take appropriate drink/bite-size to prevent choking
- Verbal or visual cues to monitor amount of food in mouth (for children who tend to "pack" food in cheeks or put too much food in mouth)
- Use of behavioral motivators (for children who need positive encouragement to eat)
- Use of specific chairs, utensils/cups/straws or positioners
- Use of fidgets or other sensory supports
- Lunch bunch group (adult supported peer group) to provide modeling and socialization during meals and snacks
- Reduce distractions during mealtimes

Possible Accommodations/Services for Children with Feeding Disorders Who Require Tube Feedings *Note: Children who require tube feedings at school may also eat orally, in which case any of the above accommodations may apply

- Opportunity to administer tube feeds where the child is most comfortable (i.e. nurse's office, lunch room, or classroom)
- Designated support staff (nurse or trained assistant) to administer tube feeds, as needed
- Use of specific chairs or positioners during and following tube feeds (for children who need to be in an upright position to manage reflux or other medical issues)
- Monitoring for safety during tube feedings
- Stoma site management by school nurse, as needed
- Emergency plan with school nurse should the tube become dislodged at school

I encourage families to reach out to educators in their child's school to discuss their specific concerns. School psychologists, school social workers, speech and language therapists, and occupational therapists are particularly well equipped to advocate for children and families with feeding needs. Additionally, families should also know that they can seek out the support of their child's private therapists or consult with a special education advocate to assist them in securing necessary services.

For more information about Section 504 Plans, Special Education Services/IEPs, and Individualized Health Plans, please check out the following resources from the National Association of School Psychologists (NASP) Section 504 Plans: A Guide For Parents, Special Education: A Basic Guide For Parents, and the National Association for School Nurses. Additionally, Feeding Matters provides a wealth of information that parents can use to inform their advocacy efforts.

References Berlin, K. S., Davies, W. H. Lobato, D. J., & Silverman, A. H. (2009). A biopsychosocial model of normative and problematic pediatric feeding. *Children's Health Care*, 38, 263-282.

Additional Resources American Speech-Language-Hearing Association (ASHA) National Association of School Psychologists School Social Work Association of America American School Counselor Association The American Occupational Therapy Association, Inc. National Association for School Nurses Center for Parent Information and Resources The Center for Appropriate Dispute Resolution in Special Education

Last updated on September 28th, 2022

Here are tips to get your child's school to support your child while they have an eating disorder. The 504 plan is for the US but the template below will be useful wherever you are in the world.

The United States makes it a legal requirement for schools to support pupils whose health condition would otherwise provide a barrier to learning. This is done through a "504 plan".

This matters a lot to your child's treatment for an eating disorder. You need school staff to understand your child's needs — they might come in late after a difficult breakfast, they might have to be kept off sports, arrangements will have to be made for meals, etc.

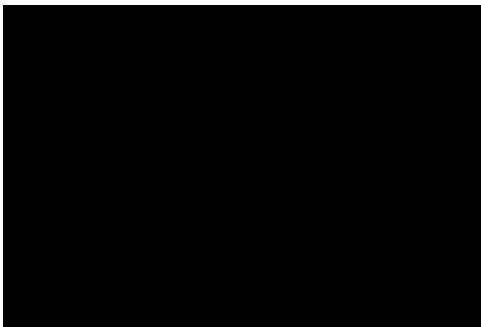
I brought my document to the table and rather than asking for things, I came in saying, "Here's what an eating disorder is like, and this is what we need."

A 504 plan will support you if the school is not able or willing to make accommodations for your child. If all is going well, you probably don't need a 504 plan and you can keep things relatively informal. Indeed, in any country, schools are doing fantastic things in partnership with parents and students, without anyone every mentioning the law.

Either way you will need to communicate your child's needs with the school. What follows will help you to do that, whether you go down a formal or informal route.

I'm going to give you an example of how you, as a parent, can action this plan. Gratitude to the US dad who allowed me to share his template. Also gratitude to the (highly recommended) parent group FEAST to which he contributes so much of his expertise.

"Our school was great. They said, "We're here to support you, we just need to know how to do it."



Write down what you want the school to know

This dad's template makes so much sense, I bet it will help you, wherever you are in the world.

If your school refuses to problem-solve for your child's benefit, your country's laws may have something similar to the 504 plan. See my post "Is your school supporting lunch? For pupils with an eating disorder, it must!". There I list measures for other countries — especially the UK — as I learn about them.

This article by Understood.org gives a good explanation about 504 plans in general.

And parent expert-by-experience Jennifer Denise Ouellette (often known as 'JD') explains here why such a plan may help you when your child has an eating disorder.

The dad who gave me his template recommended that you ask for a meeting with the school, give everyone a copy of what follows, and read it out point-for-point.

He points out this will help you, as a parent, set the agenda, and be confident, clear and in your power. You are after all your child's advocate.

OK, it's time for me to show you what this dad used. You have his permission (and mine) to copy and paste and adapt and use for yourself.

Dear [school name] Educators,

Earlier this year, we made the decision to pull [child's name] out of school for the remainder of the academic year due to her hospitalization and

medical complications. While unexpected, this was an easy decision to make for us because her life literally depended on it. As a family, we relocated to San Diego for four months, which comprised the bulk of [child's name]'s hospitalization earlier this

1. [child's name] must be permitted to carry food with her throughout the school day. She is on a medically prescribed nutrition plan that requires both a morning and afternoon snack in addition to lunch. Her snack food must NOT be limited to "healthy" fruits and vegetables and may include cheese, yogurt, nuts, granola, dark chocolate or any other foods containing the fat / cholesterol needed to support brain growth and development.
2. [child's name] must be excused from height, weight and BMI screening done at school.
3. [child's name] may be excused from the requirements of PE as needed / directed by her treatment team.
4. Depending on her ability to complete her prescribed nutrition plan at school, [child's name]'s treatment team may require that she eat her morning snack and lunch (to completion) under adult supervision, which may include a school nurse, teacher, school staff, or a parent in whatever arrangement best supports [child's name].
5. [child's name]'s nutrition needs may at times necessitate a late start to her school day since she must complete breakfast at home before school.
6. [child's name]'s treatment needs may at times necessitate release time away from school in order to provide ongoing access to treatment specialists.
7. [child's name] may require homebound instruction on an intermittent basis if her nutritional requirements and health cannot be safely maintained during regular school attendance.
8. [child's name] must be excused from any class curriculum that addresses nutrition, body size, and weight topics, including documentary films (Supersize Me, Fed Up) and / or other health, science, consumer science, mathematics, or any other curricula that involves cooking, calorie counting, logging meals, et cetera. Likewise, [child's name] may be excused from any class curriculum that addresses body image, body size, self-image, characterizations of "unhealthy" relationships between emotions and food, et cetera.
9. [child's name] must be excused from any class curriculum, guidance, or educational materials which make a simplistic distinction between "good" and "bad" foods in a misguided effort to help all children make "good choices" without regard to, or knowledge of, any particular child's individual needs.
10. As needed, [child's name] must be temporarily excused from any social activity, function, or exercise that results in an overwhelming feeling of anxiety, and she must be provided a quiet place to de-escalate in response to any such situation.

That's the end of the template.

The father who provided me with the above made a few more useful points:

- I know that a lot of the people sitting down at the table have their own ideas based on pop culture etc, about what eating disorders are, and I want to dispel that right up front, which is why it's at the start of the document.
- Schools differ. Some are happy to have a discussion and then write things down. Others have their own forms, their own paperwork. Then your child's needs are discussed, and then formally written down. "It can be super-complicated, quite arcane." Bringing your own document can help circumvent that.
- Sometimes the people there, they work at your kid's school but you don't know them. And they go to many, many meetings like this, and so sometimes they are utterly... shall we say... disinterested.
- I've heard of some schools in the US that were hard-line, and basically said, "We're not able to do anything, you're on your own." I'd say, all the more reason to go in as an empowered parent.
- So you go in there and say, "This is what's needed for my kid". I wanted to put the problem on the school to figure out how to accommodate our needs. Bringing a document to the table empowered me to do that.

Wherever you are in the world, whatever the laws, there are schools that say 'No, you're on your own'. You can choose to fight them with the law, or perhaps you can recruit the help of social services or educational psychologists or your treatment provider.

I imagine that if your document makes clear request that are likely to be do-able — you're not asking for the moon — school staff are more likely to relax and work out solutions. Hey, right now maybe all you need is permission for your child to get out and meet you at lunchtime. Or maybe you're asking for them to break one rule: move your child back to their favourite maths teacher so as to reduce their anxiety.

Instead of using the hateful 'slippery slope' argument ("If we allow your child to do X, we'll have to allow if for all students"), the school may start to feel quite proud of how they supported one individual to reach their full potential.

My own daughter's primary school was extremely proud of their contribution, and rightly so. When she had a relapse in high school, we dealt with a Head of Year who listened to my requests, nodded, and just got them done. Simple.

I would love to gather examples of great accommodations made by schools. Feel free to write these in the comments below. Years ago, all I heard from parents was negative. Now I mostly hear good stories: fantastic head teachers, staff who really listened, a school already well-informed about eating disorders, who is used to the type of requests you are making. I really hope that this is becoming the norm, and that the schools who put up unreasonable obstacles soon realise they need to improve.

I've always taken for granted that a school will keep my child's information private. In the UK, where I am, my conversations were with a very supportive Head of Year, and we agreed who would be told what. This helped my daughter to cope as she didn't trust all teachers to be non-judgemental. I'm told that in the US, privacy is assured through the Family Educational Rights and Privacy Act.

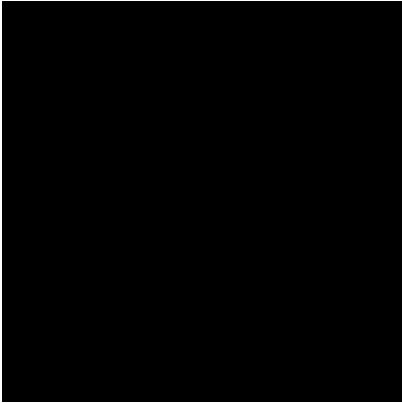
* Is your school supporting lunch? For pupils with an eating disorder, it must *

* Eating disorders guidance for schools: it's all here *

* School trip or summer camp: a helpful flow chart when your child is recovering from an eating disorder *

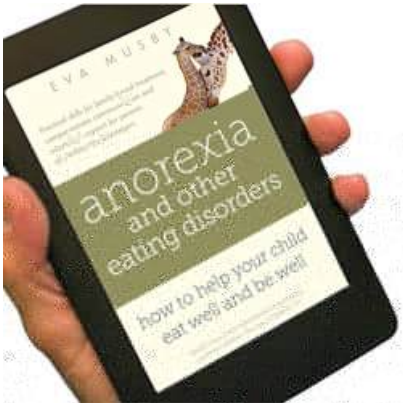
* What to say when you discover your child binned food at school (eating disorders) *

And of course, there's help all over this website, in my book, my Bitesize audios, and my online workshops:



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