



## Evaluating DOE Student After-School & Extracurricular Activity Section 504 Accommodation Requests: Paraprofessional and/or Nursing Services

To request paraprofessional and/or nursing services for a student during an after-school program or other extracurricular activity consistent with the student's Individualized Education Program (IEP) or Section 504 Plan, the school principal, 504 Coordinator, or other designee submits the relevant request form (see attached) to the Borough Health Director (for paraprofessional services) or the Office of School Health (OSH) Nursing Unit (for nursing services). The required details regarding the sponsor of the program or activity are used to determine eligibility for DOE Central or school-based funding for the services, which is separate from the OSH clinical review.

DOE Central will fund the costs of paraprofessional and/or nursing services for students in DOE-sponsored after-school programs or extracurricular activities when students receive paraprofessional and/or nursing services during the school day. Examples of DOE-sponsored programs that are always eligible for Centrally-funded paraprofessional and nursing services include but are not limited to:

- School-sponsored programs;
- Parent Association (PA)/Parent Teacher Association (PTA)-sponsored programs; and
- DYCD COMPASS or SONYC after-school programs meeting in a DOE building.

For non-DOE-sponsored after-school programs or extracurricular activities (e.g., run by private CBOs or programs not affiliated with DOE other than by building use permit), DOE Central will generally not fund the costs of paraprofessional or nursing services. However, private programs that receive significant assistance (e.g., use of school staff, school branding or the school/PA/PTA website, and/or school supplies) from schools or PAs/PTAs, particularly on a long-term basis, may be considered in effect DOE- or PA/PTA-sponsored and eligible for Centrally-funded services.

If it is unclear whether the program/activity is sponsored by DOE/the school or a PA/PTA, Borough Health Directors should provide the completed request form and the additional following information to the Section 504 Program Manager (via [504Questions@schools.nyc.gov](mailto:504Questions@schools.nyc.gov)):

- Does DOE/the school provide any funding for the program, including but not limited to scholarships for students to attend?
- Does DOE/the school provide any staff (i.e., per session funds for a staff member to work in the program) for the program?
- Does DOE/the school provide any other tangible materials (e.g., supplies for the activities or programs performed)?
- With the DOE's/the school's knowledge or approval, does the program adopt DOE/the school/PA/PTA branding, and use its connection to the school to solicit students to enroll?
- Did the school and the program arrange for the program to only serve students at the school?
- Is the application on a DOE form or portal?
- What is DOE's relationship with the program? Does DOE/the school/PA/PTA have a contract, MOU, or other agreement (other than a building use permit)?
- Does DOE/the school/PA/PTA in any other way support the program?
- What is the extent of the relationship with the program? Is it formally affiliated or does it bear the school's name? How long has the program been operating at the school?
- Does DOE/the school/PA/PTA promote the program such as by distributing pamphlets, advertising the program in newsletters or by email or on its website, or by making announcements about the program?
- Did the student previously receive paraprofessional and/or nursing services in connection with participation in the after-school program or extracurricular activity, and if so, specify:
  - The school year(s) the student received services in the program/activity
  - The type of services received

The Health Director and/or school nurse, Nursing Supervisor, or Borough Nursing Director will inform the school's 504 Coordinator and Principal whether the request for services is approved and whether Central funding applies to such services.

Parents may contact the 504 Coordinator with concerns about a non-DOE-sponsored program's ability to accommodate the student under the program's independent non-discrimination obligations. The program's failure to accommodate the student may result in the DOE permit office revoking the program's building use permit to operate on DOE property.

**Internal Use Only**

**v. March 2022**



OFFICE OF SCHOOL HEALTH

Request for Nursing or Paraprofessional Services during After-school Programs, Saturday Sessions, and Special Events

Nursing and paraprofessional services may be provided for after-school programs, Saturday sessions, special events, or Holidays/school breaks, providing the program meets DOE guidelines.

Using this form, requests can be submitted for students requiring skilled nursing and paraprofessional services as indicated on their IEP/IESP or an approved Section 504 Plan. If the request is from a Non-Public School (NPS) or charter school, it must be accompanied by an approved Medication Administration Form (MAF) and/or Diabetes Medication Administration Form (DMAF) indicating that participating student(s) receive the same services during the school day.

PLEASE PRINT — Missing information delays approval (see p. 2 for submission instructions).

Student has: [ ] IEP [ ] IESP (for NPS/charter) [ ] 504 Plan
Program Type: [ ] DOE or Parent Association (PA)/Parent Teacher Association (PTA) [ ] NPS/charter
Name of Program: \_\_\_\_\_
Operator of Program: \_\_\_\_\_
Source of Funding (be specific): \_\_\_\_\_

Does [ ] DOE and/or the [ ] NPS/charter provide any staff for the program? [ ] YES or [ ] NO
Do any teaching staff involved receive DOE per session checks? [ ] YES or [ ] NO
School code (ATSDBN): \_\_\_\_\_ School phone number: \_\_\_\_\_
School District/Name if NPS/charter: \_\_\_\_\_
School address (with zip code): \_\_\_\_\_

Program Start Date: \_\_/\_\_/\_\_ Program End Date: \_\_/\_\_/\_\_
Day(s) of week that program will be in session: \_\_\_\_\_

Time of program: Starts: \_\_\_\_\_ Ends: \_\_\_\_\_ Any Days that the Start time is different: \_\_\_\_\_

For nursing services:

School Nurse Name (Last, First) \_\_\_\_\_ Phone: \_\_\_\_\_

(If two nurses) School Nurse Name (Last, First): \_\_\_\_\_ Phone: \_\_\_\_\_

DOE nurse \_\_\_ DOHMH nurse \_\_\_ Agency Nurse \_\_\_ School Nurse/s work hours:

Official School Schedule Starts: \_\_\_\_\_ Ends: \_\_\_\_\_ Specify if any days have different hours: \_\_\_\_\_

Does your assigned school nurse wish to work this program? [ ] YES or [ ] NO (If NO, the site will be posted.)

(If a two-nurse site, indicate which nurse will work)

Nursing Supervisor (First and Last Name) \_\_\_\_\_

**For paraprofessional services:**

Does the student have a current IEP/IESP or 504 Plan that requires paraprofessional support? YES  NO

If YES and medical services are needed,

has OSH approved nursing services for these times? YES  NO  Pending

If an IEP/IESP, is the student identified as requiring a 12-month program? YES  NO

Diagnosis requiring paraprofessional support: \_\_\_\_\_

**Please attach** a copy of the 504 Plan or IEP/IESP present levels of performance recommended, recommended special education programs and services, and if appropriate, student needs relating to special factors.

**For ALL requests:**

Student Initials: \_\_\_\_\_ School District where Student Resides: \_\_\_\_\_

OSIS # (if no OSIS, DOB): \_\_\_\_\_

Days of attendance: \_\_\_\_\_

(of students with approved nursing/paraprofessional services who are attending this program and require coverage.)

Name of assigned 1:1 nurse or paraprofessional, if applicable: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Principal's Name: \_\_\_\_\_

Principal's Email: \_\_\_\_\_

Payroll Secretary Name: \_\_\_\_\_

Payroll Secretary Email: \_\_\_\_\_

**FOR OSH/CENTRAL USE ONLY**

Disposition:  Approved  Not Approved

Authorized OSH Nursing/Health Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this Completed Form to:**

- For nursing services: submit to OSH Central Nursing via fax, **347-396-8861**.
- For paraprofessional services for a DOE student: submit to your Health Director.
- For paraprofessional services for an NPS/charter student: submit via fax to **347-396-8932**.