

## 2022 Summer Rising Accommodation Plan

This Plan sets forth the individualized accommodations required for the student to fully and safely participate in the Summer Rising Program, as informed by their current IEP and/or 504 Plan, and if applicable Medication Administration Form (MAF)/Diabetes MAF and does not include any information the parent/guardian may have included on a DYCD form. This Plan may be shared with DYCD CBO staff with a need-to-know in order to accommodate the student.

**Student Has (check all that apply):**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Individualized Education Program | <input type="checkbox"/> Individualized Education Services Plan | <input type="checkbox"/> 504 Plan     |
| <input type="checkbox"/> Behavioral Intervention Plan     | <input type="checkbox"/> MAF                                    | <input type="checkbox"/> Diabetes MAF |
| <input type="checkbox"/> Allergy Response Plan            | <input type="checkbox"/> Seizure Action Plan                    |                                       |

**Summer Rising Location:** \_\_\_\_\_

**Student & Family Information:**

Student Name: \_\_\_\_\_ OSIS #: \_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_

**Summer Rising Site Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of DOE Staff who Completed this document:** \_\_\_\_\_

**Date DOE shared this document with the parent/guardian:** \_\_\_\_\_

**Accommodations\***

Nursing Services Needed:       Yes     No

**Paraprofessional Support Needed**

Support Type	DOE Programming	DYCD Enrichment Programming	Brief Description
Health (must be 1:1, except allergy support may be 6:1 consistent with student's needs)	<input type="checkbox"/> 1:1 <input type="checkbox"/> 6:1 Group	Same as during DOE programming	
Feeding (must be 1:1)	<input type="checkbox"/> 1:1	Same as during DOE programming	
Toileting (must be 1:1)	<input type="checkbox"/> 1:1	Same as during DOE programming	
Ambulation (must be 1:1)	<input type="checkbox"/> 1:1	Same as during DOE programming	
Behavioral	<input type="checkbox"/> 1:1 <input type="checkbox"/> 6:1 Group	<input type="checkbox"/> 1:1 <input type="checkbox"/> 6:1 Group	
Other	<input type="checkbox"/> 1:1 <input type="checkbox"/> 6:1 Group	<input type="checkbox"/> 1:1 <input type="checkbox"/> 6:1 Group	

**Accommodation Other than Paraprofessional** (e.g., modified seating arrangement, directions or time for activities, breaks):

DOE Programming     DYCD Enrichment Programming    Describe below:

\*For students with 12-month IEPs recommending a program (and not only related services), IEPs will be implemented during District 75 and Extended School Year programming.