

The Rights of Students with Diabetes:

What Behavioral Health Professionals Should Know

Behavioral health professionals, such as social workers, guidance counselors, or psychologists, play a critical role in the wellbeing and development of children and adolescents with diabetes. They provide services related to behavioral support, medical conditions, academics, crisis intervention, emotional challenges, family communication, and more. This resource provides an overview of legal protections for behavioral health professionals and how the law can be instrumental to supporting a child's success.

How the Law Protects Children with Diabetes

Children with diabetes have the right to enroll and participate in all school-sponsored activities, just like other kids. They also have the right to the care and support they need to be safe in the school setting. Here are some important laws that protect children with disabilities and what they mean for them.

Section 504 of the Rehabilitation Act of 1973

A federal law, often known as "Section 504," prohibits programs that get federal funding from discriminating against children with disabilities—which includes diabetes. "Programs" includes all public schools and many private and religious schools if they receive federal funds. Section 504 gives all children with disabilities the right to the care they need to be safe and fully participate in all school activities. A child does not need to experience academic difficulty to be entitled to services under Section 504 and to establish a Section 504 or other written accommodations plan.

The Americans with Disabilities Act, like Section 504, prohibits covered schools from discriminating against children with diabetes. However, religious organizations do not have obligations under this law. Otherwise, the law provides similar protections as Section 504.

The Individuals with Disabilities Education Act (IDEA)

Under IDEA, the federal government gives money to state and local education agencies to provide special education services to eligible children with disabilities. For a child to receive these services, there must be proof that a student's disability is negatively impacting their ability to learn. Some, but not all, children with diabetes qualify for services under IDEA. If a child qualifies, an Individualized Education Program (IEP) should be developed with the family and school officials.

State Laws

In addition to federal laws, many state laws provide additional protection. [Learn more.](#)

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What You Can Do

Encourage the development of an accommodations plan. To help ensure a child's diabetes needs are met at school, encourage parents/guardians to request a Section 504 Plan, IEP, or other written accommodations plan and coordinate navigation of the process. A student's individualized Diabetes Medical Management Plan (DMMP) or medical orders should be part of a Section 504 Plan or IEP. A sample 504 Plan and DMMP is available at diabetes.org/504plan and diabetes.org/dmmp.

Be aware of social and emotional challenges. Students with diabetes must deal not only with the usual developmental and social issues of growing up, but also with learning to manage this chronic disease. Mental health challenges can include conditions like depression, anxiety, disordered eating behavior, diabetes distress, and diabetes burnout.

If appropriate, consider incorporating accommodations and modifications in a child's 504 Plan or IEP needed to address these challenges. For example, children with diabetes may experience burnout from the demands of diabetes, independent of their age and time since diagnosis, and may benefit from a period of increased support by parents/guardians and school personnel. See definitions and more information about common social and emotional challenges in the chart below.

Safe at School® Student Wellness Checklist

The following questions may help you assess the challenges a child with diabetes is experiencing. If you answered "no" to any of these questions, a child may be experiencing unfair treatment, emotional challenges, or safety issues that should be addressed.

- ✓ Does the child with diabetes have a Section 504 Plan or IEP in place to ensure the proper provision of diabetes care?
- ✓ Are there trained school staff who can give insulin and glucagon and respond to continuous glucose monitor alarms?
- ✓ Do the parents/guardians, school staff, and other stakeholders understand their responsibilities to the child with diabetes under written care plans?
- ✓ If needed and appropriate, does the child have support for emotional and mental health challenges related to diabetes?
- ✓ Does the child's plan promote independence consistent with the student's ability, skill, maturity, and development as indicated in their DMMP??

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The ADA Can Help

Need more information or have questions about your school's legal obligations to provide diabetes care for children? The ADA offers a wealth of helpful resources at diabetes.org/safeatschool. Also, encourage families to call **1-800-DIABETES (800-342-2383)** or email **AskAda@diabetes.org** if they need more information or seek guidance on a specific concern. Although the ADA cannot represent you or advocate on your behalf, we can help you understand the legal rights of children with diabetes and give you practical tools to solve the problem.

Emotional and Social Considerations	Definition	Signs and Symptoms
Depression	A mental health condition characterized by persistent sadness and a loss of interest in previously enjoyed activities. This sadness or loss of interest may be present for at least two weeks.	<ul style="list-style-type: none"> ▪ Monitor behavioral changes in children and adolescents with diabetes. Specifically, look for signs of withdrawal (lack of interest in activities a child once enjoyed), changes in eating habits, and/or sleep disturbances. ▪ Monitor emotional symptoms, including persistent sadness (crying spells), irritability or anger, and/or low self-esteem. ▪ Monitor cognitive symptoms, including concentration issues (difficulty focusing) and indecisiveness (trouble making decisions or frequent second-guessing). ▪ Monitor physical symptoms, including fatigue (persistent tiredness) and somatic complaints (i.e., headaches, stomachaches).
Disordered Eating Behaviors	Behaviors that include food restriction, compulsive and excessive eating, and weight management practices that are not frequent or severe enough to meet the criteria for an eating disorder.	<ul style="list-style-type: none"> ▪ Monitor behavioral symptoms, including insulin omission, frequent ketoacidosis, preoccupation with food, rigid eating patterns, eating food in private, hiding food, skipping meals, and/or excessive physical activity. ▪ Monitor physical symptoms, including rapid weight loss or gain, frequent stomachaches, gastrointestinal issues, dry skin and hair, fatigue and weakness, and changes in blood glucose levels. ▪ Monitor emotional symptoms, including a distorted body image, fear of gaining weight, fluctuations in mood, and/or ritualistic eating habits.

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Emotional and Social Considerations	Definition	Signs and Symptoms
Anxiety	A mental health condition characterized by excessive fear, worry, or nervousness that significantly interferes with the child's daily life, functioning, or development.	<ul style="list-style-type: none"> ▪ Monitor behavioral symptoms, including avoidance behaviors (e.g., avoiding diabetes self-care, school, or other activities), restlessness (fidgeting), difficulty sleeping, fear of making mistakes, and/or an overly strict routine. ▪ Monitor emotional symptoms, including excessive worry, irritability, frequent crying, and/or low self-esteem. ▪ Monitor physical symptoms, including somatic complaints (stomachaches, headaches), fatigue, noticeable trembling or shaking, and/or rapid heartbeat. ▪ Monitor cognitive symptoms, including difficulty concentrating, forgetfulness, overthinking, or negative thought patterns (catastrophizing or worst-case scenarios).
Diabetes Distress	The emotional burden and stress in response to the daily demands of managing diabetes, including worries about glucose levels, insulin injections, food choices, and social acceptance.	<ul style="list-style-type: none"> ▪ Monitor behavioral symptoms, including neglecting self-care, fluctuations in glucose levels, avoidance behaviors, and/or social withdrawal. ▪ Monitor emotional symptoms, including feeling overwhelmed by diabetes self-care, feeling hopeless about diabetes management, frustration with diabetes self-care, anger about having diabetes, persistent feelings of sadness, and/or loss of interest in activities once enjoyed. ▪ Monitor cognitive symptoms, including constant worry about glucose levels, complications, and health; fear of hypoglycemia; self-criticism about their diabetes management; and difficulty concentrating on schoolwork or other activities. ▪ Monitor physical symptoms, including fatigue, sleep difficulties, and/or somatic complaints (headaches, stomachaches).

Diabetes Care 2025; 48 (Supplement_1) : S86–S127

Diabetes Care 2025; 48 (Supplement_1) : S283–S305