Breakthrough T1D®
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School Guide

2026-2027

Resources for Parents and Caregivers

- **T1D 101**
- **What to Know About Hyperglycemia (High Blood Sugar)**
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T1D 101 /What Is Type 1 Diabetes?

Type 1 diabetes (T1D) is a chronic autoimmune disease in which a person's pancreas stops producing insulin, a hormone people need to get energy from food. T1D strikes both children and adults, and its onset has nothing to do with diet or lifestyle. People with T1D depend on external insulin, via injection or infusion with an insulin pump, to survive. There are no cures. Breakthrough T1D is working to change that.

Types of Diabetes

Diabetes is a disease that disrupts the body's production of insulin, which regulates blood-sugar levels. In T1D, the body does not produce insulin. It is a chronic condition that, if not properly monitored, can be fatal. In type 2 diabetes (T2D), the body does not use insulin properly. With the correct treatment and recommended lifestyle changes, many people with T2D can prevent or delay the onset of associated complications. Though they share the name diabetes, T1D and T2D have different causes, effects, and treatments.

	Type 1 Diabetes	Type 2 Diabetes
Cause	Tied to autoimmune, genetic, and environmental factors	Tied to aging, a sedentary lifestyle, obesity, and genetic susceptibility
Effect	Pancreas cannot produce insulin	Pancreas cannot properly use the insulin the body produces
Treatment	Lifelong insulin	Managing diet and exercise, medications, possible insulin treatment
Prevalence	Approximately 5% of diabetes cases	90%–95% of diabetes cases
Prevention/Cure	While it is possible to delay T1D before clinical onset, it cannot currently be cured	Possible to manage it by diet, exercise, and/or medications

With your support, we are creating a movement to improve and change life with T1D, advancing breakthroughs on the way to cures.

To find out more, visit **BreakthroughT1D.org**.

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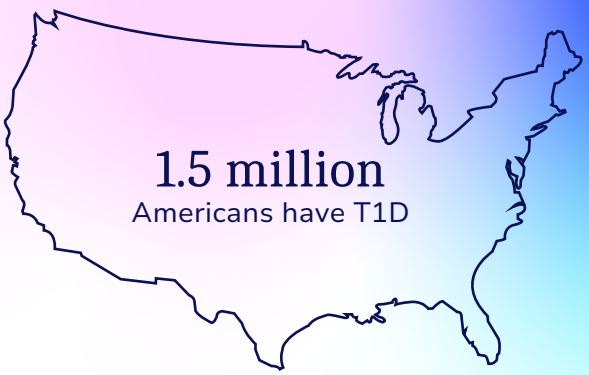
June 2026

T1D Facts



In the U.S., more than **2 million people** are expected to have T1D by 2040

52,500+ people are estimated to be diagnosed each year in the U.S.

Less than one-third of people with T1D in the U.S. are achieving target blood-sugar levels

Life with T1D

T1D is a disease that requires management 24/7. Insulin doses must be administered many times per day and calculated carefully based on food intake, exercise, stress, illness, the amount of time insulin remains active, and other (often unpredictable) factors. People with T1D measure their blood-sugar levels through finger pricks at least six times a day (often much more), or by wearing a continuous glucose monitor (CGM). Even with a strict regimen, people with T1D may still experience dangerously high or low blood-sugar levels that can, in extreme cases, be life-threatening. Every person with T1D must become actively involved in managing his or her disease.

Driving Toward Cures

Curing T1D is our north star. While there are treatments to manage T1D, improve everyday life, and delay onset, we envision a world where the burden of T1D no longer exists.

Signs of T1D

Warning signs of T1D often appear suddenly and sometimes require immediate medical attention. These may include:

- **Extreme Thirst**
- **Heavy or Labored Breathing**
- **Frequent Urination**
- **Dry Mouth**
- **Increased Appetite**
- **Drowsiness or Lethargy**
- **Unexplained Weight Loss**
- **Sudden Vision Changes**
- **Fruity Odor on the Breath**

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What You Need to Know About Hyperglycemia (High Blood Sugar)

Hyperglycemia, also known as high blood sugar, occurs when a child's or teen's **blood sugar level rises above 180 mg/dL** and can be potentially **dangerous if left untreated** for a prolonged period. It's imperative to take immediate action to lower high blood sugar levels to a safe range.

High blood sugar can be caused by different factors, including some outside of my control. Here are a few of the most common reasons my blood sugar may become high:

- Taking too little insulin for what I eat/drink
- Illness or infection
- Stress
- Pump site issue
- Growth spurt/ hormones

If my blood sugar level rises above 180 mg/dL, I may experience the following:

- Thirst
- Frequent urination
- Blurry vision
- Increased Hunger

I need to check my blood sugar level and take immediate action to lower it by:

- Checking my pump and infusion sites for blockage
- Drinking water and resting
- Re-checking my blood sugar level in 1 hour
- Deliver correction dose of insulin per parent/guardian
- Checking for ketones in my urine or blood if my blood sugar level is **above 240 mg/dL**

If my blood sugar level remains high I may be in diabetic ketoacidosis (DKA), which is a medical emergency.

Call my parents or caregivers immediately if I am showing symptoms of DKA.

- Fruity breath
- Exhaustion
- Confusion
- Nausea or vomiting

If I lose consciousness:

Call 911

and stay with me until they arrive

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What You Need to Know about Hypoglycemia (Low Blood Sugar)

In order to stay healthy, people with type 1 diabetes (T1D) aim to keep their blood sugar levels between a target range of 70 mg/dL to 180 mg/dL. **Hypoglycemia**, also known as low blood sugar, occurs when **blood sugar levels fall below 70 mg/dL** and can potentially become **dangerously low very quickly**. It's imperative to take immediate action to raise low blood sugar levels to a safe range.

Low blood sugar can be caused by different factors, including some outside of my control. Here are a few of the most common reasons my blood sugar may become low:

- Taking too much insulin for what I eat/drink
- Waiting too long to eat after taking insulin
- Physical activity

If my blood sugar level falls below 70 mg/dL these are some of the symptoms I may experience:

- Sweating
- Shaking
- Dizziness
- Poor coordination
- Blurry vision
- Difficulty concentrating
- Anxiety
- Irritability
- Hunger
- Nausea
- Erratic behavior

I need to check my blood sugar level and take immediate action to raise it by:

Eating/drinking **15 grams** of a fast-acting carbohydrates like:

- **3-4** glucose tabs or a packet of glucose gel
- **Or 4** ounces of juice or a **small** packet of fruit snacks
- **Or 4** ounces of regular soda
- Resting and re-checking my blood sugar level in 15 minutes

If I have a seizure or lose consciousness I need YOUR help immediately!

STAY CALM

Treat with a dose of glucagon
and turn me on my side

Call 911
and stay with me until they arrive

Call my parents or caregiver

With your support, we are creating a movement to improve and change life with T1D, advancing breakthroughs on the way to cures.

To find out more about resources and support, visit **BreakthroughT1D.org/t1d-resources.**

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Checklist for Going Back to School with T1D

School preparedness requires paperwork, special planning, and many conversations with teachers, school nurses, and other students. Use this checklist to help your child manage type 1 diabetes (T1D) in the classroom with confidence.

Communication and Preparation are Key

Prior to your child going back to school, meet with your child's school diabetes care team (school nurse, administration personnel, teachers, coaches, etc.) to review the care plan and answer any questions.

Be sure to address diabetes-related technology (continuous glucose monitors, cell phones, and insulin pumps) in the classroom and establish a communication protocol to ensure you have daily insight into your child's blood sugar levels and insulin dosages.

Decide with your child's school diabetes care team about how you will communicate with them during meals and snack times. Plan in advance for meals by requesting nutritional information and carbohydrate counts in order to calculate your child's insulin dosage. Direction should also be given for when food is provided during school parties and other activities.

If your school does not have a designated full-time nurse in the building, work with school administration to *identify faculty and staff that can be trained in T1D care.*

UNDERSTANDING TYPE 1 DIABETES is an educational video to help friends, teachers, and caregivers understand what your child experiences every day. Share the video and help them feel informed, confident, and ready to support.

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Find additional help and resources at **BreakthroughT1D.org/school**.

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T1D School Supplies Checklist

Continuous Glucose Monitor (CGM) and pump supplies

Glucose meter, lancing device, lancets, and blood sugar test strips

Extra batteries or charging cord if needed

Insulin and syringes or insulin pen and needles

Low blood sugar supplies (glucose tabs, gels, fruit snacks, etc.)

Glucagon

Ketone testing supplies

Index card with phone numbers of important contacts

Container to hold everything

Be sure to include plenty of extras and set up a system with teachers and other staff to alert you when supplies or snacks forlows need to be replenished.

Documentation Checklist

Diabetes Medical Management Plan (DMMP) from your child's endocrinologist which contains the medical orders that are the basis for your child's T1D and education plans at school.

Individualized Healthcare Plan (IHP) for your child based on the DMMP. An IHP can include information about their diabetes care at school, when and how often to check their blood sugar, how to treat low and high blood sugars, and administering insulin.

Emergency Care Plan for Hypoglycemia and Hyperglycemia, based on the DMMP, which summarizes how to recognize and treat hypoglycemia and hyperglycemia and whom to contact for help. The plan should be distributed to all school personnel who have responsibility for your child during the school day and during school-sponsored activities.

504 Plan, completed in partnership with your school diabetes care team, which provides information/ details for diabetes treatment and education-related accommodations.

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504 Plans and Your Child's Rights at School

Ensure your child living with type 1 diabetes (T1D) gets the support they need at school.

What is a 504 Plan?

A 504 Plan is a legal, written document specifying what reasonable modifications and accommodations the school must provide for a student with a disability. 504 Plans are a way for you to hold the school accountable for meeting your child's needs while in the school's care.

The 504 Plan should provide specific instructions related to:

- **Times/places** for blood-glucose monitoring, including accommodations for testing and treating.
- **Ensuring that staff members are trained** in checking blood-glucose levels, recognizing and treating high and low blood-glucose symptoms, and administering both insulin and glucagon.
- Allowing the student to **eat whenever and wherever necessary**, including eating lunch at an appropriate time and allowing enough time to finish eating.
- Allowing **extra trips** to the bathroom or water fountain.
- **Ensuring the student's full participation** in all sports, extracurricular activities, and field trips, with the necessary care and/or supervision.
- **Permitting extra absences** for medical appointments and sick days when necessary, without penalty.

Section 504 of the Rehabilitation Act of 1973 is a federal civil rights law that prohibits discrimination on the basis of disability, including T1D. The laws within this act declare a child with T1D has the right to go to school, play a sport, join a club, and do everything else that children without T1D do. It further states that public schools and other covered organizations must make "reasonable accommodations" for the child's T1D.

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THE SCHOOL'S ROLE IN THE 504 PLAN PROCESS

It is the responsibility of the school and its personnel to have an understanding of T1D and be trained in its management and the treatment of T1D emergencies. Knowledgeable, trained school personnel are essential to a student's safety and physical well-being when dealing with immediate health risks of high or low blood sugar.

The Parent's Role in the 504 Plan Process

In addition to submitting a formal request for a 504, a parent or guardian is responsible for providing the school with the following:

- All materials and equipment necessary for T1D management. The parent is also responsible for the maintenance of the equipment.
- Supplies to treat hypoglycemia, including a source of glucose and a glucagon emergency kit.
- Phone numbers for the parent and the student's diabetes doctor so that the school can contact these individuals with T1D-related questions or during emergencies.
- Information about the student's meal and snack schedule. The parent should work with the school to coordinate this schedule with that of the rest of the class as much as possible. For young children, direction should be given for when food is provided during school parties and other activities.

VIEW SAMPLE 504 PLANS
and get more information about your child's rights at school on our website.

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Fuel for Learning: Healthy Lunch Ideas

Balanced meals can help blood sugar not only around mealtimes, but across the entire day.

What does a balanced meal look like?
A simple approach is to include:

A carbohydrate source, ideally rich in dietary fiber (whole wheat bread, wraps, pasta, pita pockets, brown rice, whole grain crackers, air-popped popcorn, fruit, starchy vegetables)

A protein source (turkey, chicken, ham, eggs, cheese, cottage cheese, yogurt, beans, tofu)

A source of dietary fiber (veggies are a great option!)

Bonus if you can include a **source of healthy fats** (avocado, almonds, chia seeds)

Examples of balanced school lunches include:

DIY LUNCHABLES: whole grain crackers, turkey or ham slices, cheese cubes or slices, grapes, bell pepper strips

PASTA SALAD: whole wheat pasta with grilled chicken, cherry tomatoes, cucumbers, mozzarella cubes, Italian dressing. Served with strawberries.

BURRITO BOWL: ground turkey or beef taco meat, brown rice, black beans, shredded lettuce, shredded cheese, salsa. Served with an orange.

PIZZA: whole wheat English muffin pizza (cheese, veggie or pepperoni), side salad, grapes

CHICKEN SALAD LUNCH: chicken salad, whole grain crackers, cherry tomatoes, peach

IT'S A WRAP: whole wheat tortilla topped with protein (turkey, grilled chicken, tofu), veggies (lettuce, diced tomatoes, or bell pepper strips), cheese (optional), sauce (hummus, guacamole, ranch or mustard). Served with yogurt and apple slices.

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To help prevent blood sugar spikes *avoid eating naked carbs!* In other words, when eating foods that contain carbohydrates, try to pair them with foods that contain protein, dietary fiber, or fat. *Protein, dietary fiber, and fat all slow digestion helping blood sugar rise more gradually and less dramatically.*

Prioritize Nutrition

We are often so focused on using food as a tool to manage our child's T1D, understandably, that we forget the importance of food in helping nourish their growing bodies and supporting cognitive function and academic performance.

Packing balanced school lunches not only supports better diabetes management, but also helps fuel their growing bodies, keeps them satiated throughout the long school day, and enhances attention and performance in school.

Pack Practically

Lunchtime is often very short so try to pack foods that are easy and quick to eat.

Although it's important to encourage youth to try new foods, school lunch is often not an ideal time to do this because it imposes too many unknowns (e.g., will your child like/eat the food? How will their blood sugar respond?). So, stick with healthful foods you know your child enjoys eating.

Think Beyond Sandwiches!

PB&J can get old after a while. Consider trying 'non-traditional' lunches, like the ones mentioned above.

You may want to trial run these beforehand to see if your child likes them (and if not, work together to find a way to tweak the recipe to make it a lunch they will enjoy!) and how their blood sugar responds.

Leftovers from dinner can be a quick and easy option for school lunches too! Just be sure you pack them safely.

Purchasing School Lunch

Although challenging at times, it's important to help your child with T1D not feel 'different' from their peers. So, while purchasing school lunch can induce parental stress, try to make it at least an occasional option for your child.

Plan ahead by reviewing the lunch menu with your child and choosing days to purchase school lunch based on foods they will enjoy and how those choices may affect blood glucose management. The evening before or in the morning, work with your child to estimate the carbohydrate content based on the foods/quantities the child anticipates eating.

'Add-on' foods that are not served as part of the school lunch but can be purchased separately often cause challenges to blood sugar management during the school day. Instead of restricting your child from purchasing/enjoying these foods, discuss T1D-friendly options and try to plan when your child wants to purchase an 'add-on' so it can be accounted for in the estimated carbohydrate content of the lunch.

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FOR STUDENTS

Going to College with T1D

College is an exciting adventure filled with new friendships, opportunities, and experiences! When you live with type 1 diabetes (T1D), a little planning before move-in day can help you feel confident and prepared.

Before You Go to College

- Pack enough T1D supplies (CGM, insulin, pump sites, test strips, etc.) to last you a full semester and then some.
- Bring plenty of low treatments and healthy grab-and-go snacks.
- Identify a local pharmacy and/or arrange for mail-order prescriptions.
- Create a sick day kit that includes ketone monitor or test strips, glucagon, a prescription for treating nausea/vomiting, cold medicine, saltines, Gatorade (regular and sugar-free), etc.
- Contact the Office of Disability Services. They will be your best resource for ensuring you have the accommodations you need for a successful college career.

When You Get to College

- Keep low blood sugar supplies close to your bed.
- Keep your T1D supplies organized so they are easy to get to and you're able to find what you need quickly.
- Let the people around you know you have T1D. This includes roommates, RAs, and professors
- Always carry low blood sugar supplies with you at all times.

Stay Safe While Having Fun

College is about more than classes and studying, it's also a time to make new friends and enjoy new experiences.

Education and preparation can help you feel more confident as you navigate life on campus.

- Eating before leaving your dorm.
- Find a trusted friend or roommate to share your blood sugar levels with, especially if drinking alcohol.
- Stay hydrated and eat food if drinking alcohol.

Learn more about the impact alcohol has on blood sugar.

College Accommodations for T1D

Common accommodations for college students with T1D include having extra time to take tests and flexibility with tardiness and absences. Proactive communication and self-advocacy are important.

VIEW our step-by-step guide to college accommodations.

FOR MORE HELPFUL TIPS
visit our Young Adults Guide to Transitioning to Independence

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FOR PARENTS

Going to College with T1D

Heading off to college can be both exciting and scary. Having type 1 diabetes (T1D) adds another level of concern for both students and parents. Breakthrough T1D is here to provide support as your child transitions to independence.

Accommodations for Students with T1D

Common accommodations for college students with T1D include having extra time to take tests and flexibility with tardiness and absences. Proactive communication and self-advocacy are important.

VIEW our step-by-step guide to college accommodations.

Create a Long-Distance Monitoring Plan

Going to college is a big step toward independence, but staying connected can still provide peace of mind. Continuous glucose monitors (CGMs) allow parents to monitor glucose levels in real time, but the key is agreeing on when and how to step in. Having an open conversation about alert settings, communication preferences, and what situations warrant a text or phone call will empower your child to manage their T1D independently while ensuring your support is there when needed.

Breakthrough T1D Community Forum

Our online forum connects you with other parents sending a child to college, as well as those who have already been through it. Find support, guidance, and reassurance every step of the way.

VISIT Breakthrough T1D Community Forum

Preparing for Emergencies

As your child adjusts to living independently with T1D, there are likely to be some bumps in the road. Being prepared for emergencies can give you peace of mind.

- Set up Medical Power of Attorney and a HIPAA Right of Access Document so you can stay informed and make health care decisions if necessary.
- Ensure your child has an easily accessible folder with your contact information, information on high and low blood sugar, and information on how to use glucagon, and that the RA and/or roommate is aware of its location and contents.
- Have glucagon in a visible and easily accessible location.
- Talk to the school's Disability Office to understand how medical emergencies are handled.