

Figure 1. Eating and Feeding Evaluation: Children with Special Dietary Needs

PART A			
Student's Name		Age	
Name of School	Grade Level	Classroom	
Does the Child have a Disability? If Yes, describe the major life activities affected by the disability.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the child does not require special meals, the parent can sign at the bottom of this form and return the form to the school food service.			
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All". Cut up of chopped into bite size pieces: Finely ground: Pureed or Blended:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating for feeding patterns.			
Parent's Signature		Date:	
Physician or Medical Authority's Signature:		Date:	

Figure 2. Information Card

Student's Name	Teacher's Name
Special Diet or Dietary Restrictions	
Food Allergies or Intolerances	
Food Substitutions	
Foods Requiring Texture Modifications: Chopped: Finely Ground: Pureed or Blended:	
Other Diet Modifications:	
Feeding Techniques:	
Supplemental Feedings:	
Physician or Medical Authority: Name: Telephone: Fax:	
Additional Contact: Name: Telephone: Fax:	Additional Contact: Name: Telephone: Fax:
School Nutrition Program Representative/Person Completing Form: Title: Signature:	Date: