

CHILDREN WITH DISABILITIES AND SPECIAL DIETARY RESTRICTIONS



DEFINITIONS OF DISABILITY AND OF OTHER SPECIAL DIETARY NEEDS

Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act Amendments Act (ADAAA)* of 2008 a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Please refer to the Acts noted above for a more detailed explanation at

<http://www.dol.gov/oasam/regs/statutes/sec504.htm> and <http://www.eeoc.gov/laws/statutes/adaaa.cfm>.

Individuals with Disabilities Education Act

The term child with a "disability" under Part B of the *Individuals with Disabilities Education Act (IDEA)* means a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The Individuals with Disabilities Education Act can be found in its entirety at <http://nichcy.org/wp-content/uploads/docs/IDEA2004regulations.pdf>.

The Individualized Education Program or IEP means a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child's IEP, school officials need to make sure that school food service staff is involved early on in decisions regarding special meals.

Physician's Statement for Children with Disabilities

USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify:

- the child's disability;
- an explanation of why the disability restricts the child's diet;
- the major life activity operation of a major bodily function affected by the disability;
- the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

This form, adapted from the USDA guidance: Accommodating Children with Special Needs: Guidance for School Food Service Staff, (http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf) may be used to obtain the required information from the licensed physician.

"Licensed physician" is defined in Wisconsin by WI State Statute 448.01(5): "Physician" means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board, and holding a license granted by the medical examining board. Unless the documentation to support the required dietary accommodation has been signed by a licensed physician, the school is not required to accommodate the request.

Other Special Dietary Needs

The school food service may make food substitutions, at their discretion, for individual children who do not have a disability, but who are certified by a medical authority as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have a documented disability noted by a licensed physician.

HSSD Eating and Feeding Evaluation: Children with Special Needs

Student's Name		Age	
Name of School	Grade Level	Classroom	
1. Does the child have a disability ? If No, proceed to #2; if Yes, describe the major life activities affected by the disability.		Yes	No
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	No
2. 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	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.			
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances and related foods 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 or chopped into bite size pieces: Finely ground: Pureed:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent's Signature			Date:
Parent's Printed Name and Phone Number			
I am a <input type="checkbox"/> Licensed Physician or <input type="checkbox"/> Other Medical Authority: _____ actively treating this patient.			Date:
Physician or Medical Authority's Signature (Note: This must be signed by a licensed physician if requesting accommodations be made based on a disability.)			
Physician or Medical Authority's Printed Name and Phone Number			