

# Special Dietary Needs



## Guidelines for Students with Special Diets

If your child has been identified as having a disability and has special dietary needs, changes can be made to your child's school breakfast and/or lunch at no extra charge with the proper documentation from a licensed medical professional.

### Is your child eligible?

Your child is eligible if he or she has been identified as having a disability under **Section 504 of the Rehabilitation Act of 1973**, or under **Part B of the Individuals with Disabilities Education Act (IDEA)** and has special dietary needs. USDA regulations (7 CFR Part 15b) require substitutions or modifications in school meals for children whose disabilities restrict their diets.

#### Some examples of special dietary needs that are considered disabilities:

- Celiac disease
- Diabetes
- Food allergies
- PKU

#### **Section 504 of the Rehabilitation Act of 1973**

*Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. A major life activity is defined as caring for one's self, eating, doing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. The term "physical or mental impairment" includes many diseases and conditions.*

#### **Part B of the Individuals with Disabilities Education Act (IDEA)**

*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 disability categories and who, by reason thereof, needs special education and related services.*

*For more information on Section 504 of the Rehabilitation Act of 1973, please visit the U.S. Department of Education Office for Civil Rights website at [www.ed.gov](http://www.ed.gov) and for more information on Part B of the Individuals with Disabilities Education Act, please visit the U.S. Department of Education IDEA website at <http://idea.ed.gov/>.*

### What types of meal modifications can be made?

Possible modifications include but are not limited to:

- Food restrictions (milk and milk products, gluten, eggs, etc.)
- Increased calories
- Texture changes (pureed, ground, chopped, thickened liquids, etc.)
- Tube feeding
- Weight management (calorie controlled)



## What documentation is needed?

The **Special Diet Form** will need to be completed for special dietary requests.

**OR**

Submit a **statement** signed by a licensed medical professional. In the state of Michigan, this includes a licensed physician (MD or DO), physician's assistant (PA), or nurse practitioner (NP).

The **Special Diet Form** or the **licensed statement** must identify:

- An explanation of why the disability restricts the child's diet;
- The major life activity affected by the disability;
- The food(s) to be omitted from the child's diet and the food or choice of foods that must be substituted

## What the school foodservice department will provide:

The school foodservice department will accommodate those substitutions or modifications as identified by a licensed medical professional, defined above, within the **Special Diet Form** or a **licensed statement**. The following are examples of what the school will provide:

- Dietary supplements (tube feeding formulas & other nutritional formulas)
- Substitution foods (gluten free, low protein, etc.)
- Foodservice staff will be trained on optimum handling of special diet modifications.
- Communication between foodservice department, school nurse, registered dietitian, physician and parent or guardian regarding your child's school meals.

## What if my child has special dietary needs, but not a disability?

**Schools are not required to make modifications to meals for students with special dietary needs that are not considered a disability.** This includes modifications based on food choices of a family or child regarding a healthful diet. For example, general health concerns, like preferring to eat gluten-free because of a belief that it is better, rather than due to Celiac disease, are not disabilities and do not require accommodation.

**Children without disabilities, but with special dietary needs requiring food substitutions or modifications, may request in writing, that the school food service meet their special nutrition needs. However, it is up to the individual school and/or school district as to whether requests are accommodated.**

## Have more questions on special dietary needs?

Contact SFE's CN Operations Support Department to speak with a Registered Dietitian:

Email: [CNOpsSupport@sfellc.org](mailto:CNOpsSupport@sfellc.org)

Phone: (480)-551-6550

# Special Diet Form



New     Change/Modify     Temporary (End Date: \_\_\_\_\_)

## STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female    Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

## MEDICAL INFORMATION

Per the United States Department of Agriculture, a person with a disability is any such person who has an impairment that substantially limits one or more major life activities.

By definition this includes but is not limited to diabetes, PKU, celiac disease, food anaphylaxis, learning disabilities, and etc.

### **THIS SECTION MUST BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL.**

Student's Diet Restriction(s): \_\_\_\_\_

Please describe major life activities affected in relation to dietary modification: \_\_\_\_\_

Texture Modification: Ground    Chopped    Pureed    Other (please be specific): \_\_\_\_\_

Tube Feeding: Formula Name: \_\_\_\_\_ Instructions: \_\_\_\_\_ Oral? \_\_\_\_\_ YES \_\_\_\_\_ NO

Nutrient Modification: Increase Calories \_\_\_\_\_ Decrease Calories \_\_\_\_\_ Nutrient Restriction: \_\_\_\_\_

Omit Foods: \_\_\_\_\_ Substitute with: \_\_\_\_\_

Does patient have a life threatening food allergy? \_\_\_\_\_ YES \_\_\_\_\_ NO

Food Allergies (circle all that apply):

Fluid Milk     All Dairy Products     Soy     Eggs     All Products With Eggs

Wheat     Gluten     Corn     All Corn Additives     Seafood

Peanuts     All Nuts     All Foods Produced in Facility With Nut Products

Can patient consume allergen as an ingredient in food product? \_\_\_\_\_ YES \_\_\_\_\_ NO

### **If Medication is required, please complete a Food Allergy Action Plan.**

Licensed Medical Professional: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ W \_\_\_\_\_

Licensed Medical Professional: \_\_\_\_\_

Date: \_\_\_\_\_

Any change of treatment must be requested in writing on this form. Once form is submitted, please allow up to five days for processing.

By signing below, I understand that it is my responsibility to renew this form anytime my child's medical or health needs change.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_