

EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL 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	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
If the child is not disabled, does the child have special nutritional 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 intolerance 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
Physician or Medical Authority's Signature			Date

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 Contacts Name Telephone Fax	Additional Contacts Name Telephone Fax
School Food Service Representative/Person Completing Form Title Signature	Date: