

Eating and Feeding Evaluation Form

Student Name: _____ School: RAS FMS FHS Grade: _____
Teacher: _____

Does the child have a disability? _____ YES _____ NO
If yes, describe the major life activities affected by the disability.

Does the child have a special nutritional or feeding need? _____ YES _____ NO
If yes, please describe.

If the child is not disabled, does the child have a special nutritional or feeding need? _____ YES _____ NO
If yes, please describe.

Please list any dietary restrictions, allergies, or food intolerances:

Please list foods that may 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 sized pieces: _____

Finely Ground: _____

Pureed: _____

List any special equipment or utensils that are needed:

Indicate any other comments about the child's eating or feeding pattern

Physician or Medical Authority's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____