

**Eating and Feeding Evaluation: Children with Special Dietary Needs****Procedure:**

- 1) Parent has doctor complete form
- 2) Parent returns form to school nurse
- 3) School Nurse completes Information Card.
- 4) Nurse then copies Eating & Feeding Evaluation and Feeding Card forms and sends to Child Nutrition Director & Campus 504 Coordinator

PART A			
Student's Name	Student ID	Age	
Name of School	Grade Level	Classroom	
Does the Child have a Disability? <i>(Federal law defines disability as anyone who has a physical or mental impairment that substantially limits one or more of the major life activities, has a record of such impairment, or is regarded as having such impairment.)</i>		Yes ____	No ____
If Yes, describe the major life activities affected by the disability:			
Does the child have special nutritional or feeding need? 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 or feeding needs? If Yes, complete Part B of this form and have it signed by a physician.		Yes ____	No ____
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 or chopped into bite size pieces:			
Finley ground:			
Pureed or Blended:			
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 Signature:		Date:	

Date Received by School Nurse _____



Aledo Independent School District

Aledo ISD Information Card

Procedure:

- 1) Nurse completes using doctor form "Eating & Feeding Evaluation"
- 2) Nurse sends both forms to Child Nutrition Director and Campus 504 Coordinator

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: Name: Telephone: Fax:	
Additional Contact: Name: Telephone: Fax:	Additional Contact: Name: Telephone: Fax:
Child Nutrition Representative/Person Completing Form: Title: Signature:	Date: