

**Diet Modification Request Form for Foods Served through the Nutrition Services Department of the Iowa City Community School District
SCHOOL YEAR 2025-2026**

School/Site: _____ Grade: _____

Participant's Name: _____ Birth Date: _____

Parent/Guardian: _____
(Name) (Phone or email)

Modifications are required by The United States Department of Agriculture (USDA) to accommodate a disability. Under Section 504, the ADA, and Departmental Regulations of 7 CFR part 15b define a person with disability as 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 an impairment. **“Major life activities” are broadly defined and 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. “Major life activities” also include 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.**

This form must be completed by an approved medical professional. In Iowa this includes Registered Dietitians or a “medical authority” that is authorized by state law to write medical prescriptions: Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Physician’s Assistants (PA), or Advanced Registered Nurse Practitioners (ARNP) or Dentists (DDS or DMD).

Medical professional: _____
(Name, print or type) (Title)

(Signature of medical professional) (Date)

1) Describe the medical need related to the diet order and “major life activity” (see above) affected. <i>Example: Allergy to peanuts affects ability to breathe.</i>	
2) Explain what must be done to accommodate the medical need: 	
Food(s) to Omit:	Food(s) to Substitute:
Complete the back to provide additional details	
<input type="checkbox"/> Check if a texture modification is requested (use International Dysphagia Diet Standardisation Initiative (IDDSI) terminology) Foods: <input type="checkbox"/> Regular <input type="checkbox"/> Easy to chew <input type="checkbox"/> Soft & bite-sized <input type="checkbox"/> Minced & moist <input type="checkbox"/> Pureed <input type="checkbox"/> Liquidised Liquids: <input type="checkbox"/> Thin <input type="checkbox"/> Slightly thick <input type="checkbox"/> Mildly thick <input type="checkbox"/> Moderately thick <input type="checkbox"/> Extremely thick Special Feeding Equipment: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Equipment Needed: _____ <i>(Example: large handled spoon, sippy cup, etc.)</i>	

The parent/guardian may request a nutritionally equivalent substitute for fluid milk without direction from a medical professional. This site chooses to offer this nutritionally equivalent product: soy milk. Check here if you would like to request the milk substitute listed in place of fluid milk and list the reason for the request. _____
 USDA allows a parent/guardian to supply substitute foods. Check here if you wish to provide the substitute foods:

Parent/Guardian signature: _____ Date: _____
(To document choices and permission to share with appropriate staff as needed to make accommodations.)

Please return this form to the school nurse or school office.
 (To be forwarded to the Nutrition Services Department.)

Questions? Please contact Alison Demory at Demory.alison@iowacityschools.org or 319-688-1021.

To be kept on file in the Nutrition Services Office.
Date received by Nutrition Services: _____ **Date discontinued:** _____

Check the box in front of food groups that should NOT be served and list the foods to be served instead.

<p>Lactose/milk – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fluid milk as a beverage or on cereal? ¼ cup of fluid milk to be used on cereal? ___yes ___no</p> <p><input type="checkbox"/> Yogurt</p> <p><input type="checkbox"/> Milk based desserts such as ice cream and pudding</p> <p><input type="checkbox"/> Hot entrees with cheese as a prime ingredient such as grilled cheese, cheese pizza, or macaroni & cheese</p> <p><input type="checkbox"/> Cheese baked in products such as a casserole or on meat pizza</p> <p><input type="checkbox"/> Cold cheese such as string cheese or sliced cheese on a sandwich</p> <p><input type="checkbox"/> Milk in food products such as breads, mashed potatoes, cookies or graham crackers</p>	<p>SUGGESTED ALTERNATES, as available:</p> <p>ICCSD provides soy milk as a nutritionally equivalent alternative. Please indicate if your student would like soy milk. _____ yes _____ no</p> <p>Cups are provided to students who prefer water.</p> <p>Juice is NOT ALLOWED as a substitute unless there is a documented disability.</p>
<p>Soy - Do not serve the items checked below:</p> <p>We designate soy allergens in two categories.</p> <p><input type="checkbox"/> Soy (Protein products extended with soy and food products with soy as one of the first three ingredients)</p> <p><input type="checkbox"/> Soy Processed (Processed items cooked in soy oil and food products with soy listed as the fourth ingredient or further down the list)</p>	<p>SUGGESTED ALTERNATES, as available:</p>
<p>Egg - Do not serve the items checked below:</p> <p><input type="checkbox"/> Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold</p> <p><input type="checkbox"/> Eggs used in breading or coating of products</p> <p><input type="checkbox"/> Baked products with eggs such as breads or desserts</p>	<p>SUGGESTED ALTERNATES, as available:</p>
<p>Seafood – Do not serve the items checked below:</p> <p><input type="checkbox"/> Fish (Cod, tuna, tilapia, haddock, salmon, etc.)</p> <p><input type="checkbox"/> Shellfish (Shrimp, crab, etc.)</p> <p><input type="checkbox"/> Other: _____</p>	<p>SUGGESTED ALTERNATE, as available:</p>
<p>Peanuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> Peanuts, individually or as an ingredient</p> <p><input type="checkbox"/> Foods containing peanut oil</p> <p><input type="checkbox"/> Foods items identified as manufactured in a plant that also handles peanuts</p>	<p>SUGGESTED ALTERNATE, as available:</p>
<p>Tree nuts – Do not serve the items checked below:</p> <p><input type="checkbox"/> All nuts</p> <p><input type="checkbox"/> Food items identified as manufactured in a plant that also handles nuts</p> <p><input type="checkbox"/> Other: _____</p>	<p>SUGGESTED ALTERNATE, as available:</p>
<p>Grains – Do not serve the items checked below:</p> <p><input type="checkbox"/> Foods containing wheat</p> <p><input type="checkbox"/> Foods containing gluten</p> <p><input type="checkbox"/> Oats</p> <p><input type="checkbox"/> Other: _____</p>	<p>SUGGESTED ALTERNATE, as available:</p> <p>ICCSD provides individually wrapped gluten free entrees as a nutritionally equivalent alternative. Please indicate if your student would like gluten free entrees. _____ yes _____ no</p>
<p>Sesame – Do not serve the items checked below:</p> <p><input type="checkbox"/> Foods containing sesame</p>	<p>SUGGESTED ALTERNATE, as available:</p>

This institution is an equal opportunity provider.

Modified from the Iowa Department of Education, Bureau of Nutrition and Health Services 3/2025