

Meal Modification Plan for Accommodating Students with Disabilities for Child Nutrition Programs

East Islip UFSD adheres to specific United States Department of Agriculture (USDA) guidelines in providing special dietary accommodations for students. A "reasonable modification" is a change or alteration in practices or procedures to accommodate a disability to ensure students with disabilities have equal opportunity to participate in or benefit from the program. In accordance with the criteria set forth in [7 CFR Part 15b](#), those students who are unable to eat the school meal due to a disability, medical need, and/or impairment are accommodated, at no additional charge. Meal modifications must be related to the disability or limitations caused by the disability. The USDA regulations for school nutrition programs does not require meal modifications for children whose special dietary needs do not constitute a disability, including those related to religious or moral convictions, general health concerns, and personal food preferences.

Per [Section 504 of the Rehabilitation Act of 1973](#), parents/ guardians have a right to an evaluation of their student if the district has reason to believe the student has a mental and/or physical impairment that substantially limits a major life activity, which can involve eating/digestion. Students have the right to this evaluation before any plan for accommodation. Parents/guardians should ensure they contact the school if they feel as though an evaluation would be appropriate.

If a student or parent /guardian believes their child needs substitutions because of a disability, they should contact the Executive Director of Special Education.

Meal modification requests should be sent to the Executive Director of Special Education. The school may contact the student and parents/guardians for additional information as needed. If the substitutions needed for accommodations fall outside of the USDA meal pattern, the school will request a medical statement signed by a State licensed health care provider.

This medical statement must contain but is not limited to the following:

1. Information about the child's physical or mental impairment that is sufficient to allow the school to understand how it restricts the child's diet
2. An explanation of what must be done to accommodate the child's special dietary need
3. The food or foods to be omitted and recommended alternatives, in the case of a modified meal

Upon receipt of a meal modification request, the team designated by the East Islip Union Free School District, will accommodate the request prior to receiving a medical statement signed by a State licensed health care provider but must receive the information as listed in numbers one through three above as required in a verbal or written format. The SFA will work with the family to provide a date when the Medical Statement or written statement from a State licensed health care provider must be submitted to continue receiving the modified meals.

Procedural Safeguards

If the household feels that reasonable accommodation is not being met, they have the right to contact Stephen D. Harrison, Assistant Superintendent for Business and:

- File a grievance if they believe a violation has occurred regarding the request for a reasonable modification.
- Receive a prompt and equitable resolution of the grievance.
- Request and participate in an impartial hearing to resolve their grievances.
- Be represented by counsel at the hearing.
- Examine the record; and
- Receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

This meal modification plan will be available to all parents/guardians on our district website: www.eischools.org. It may also be provided to any parent upon request.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027\(link is external\)](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov([link sends e-mail](#)).

USDA is an equal opportunity provider, employer, and lender.

Meal Modification Plan

Student Name

Date of Birth

School Name

Grade /Classroom /Teacher

Mailing Address, City, State and Zip-code

Parent /Guardian Name

Signature of Parent /Guardian

Date

Meal Modification Medical Statement

Federal law and USDA regulation require nutrition programs to make reasonable meal modifications to accommodate children with disabilities. Under the law, a disability is an impairment that substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences.

1. Describe the child's disability /impairment /condition and how it restricts the child's diet (i.e., how the ingestion/contact with the food impacts the child. A diagnosis is not required):

2. Explain what must be done to accommodate the child's disability /impairment /condition (i.e., specific food(s) to be omitted/avoided from the child's diet):

3. List food(s) and/or beverages to be omitted or modified and recommended alternatives:

Signature of State-Recognized Medical Authority*

Date

Clinic Name

*State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in New York State, such as a Medical Doctor (MD), Doctor of Osteopathy (DO) Physician's Assistant (PA) with prescriptive authority, Advanced Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DPM), Optometrist (ED), and Dentist (DDS or DMD). The medical statement must include the signature of an individual who is authorized to write medical prescriptions under State law. This may include a doctor, a nurse practitioner, or a physician's assistant.