Eden Central Schools

8289 North Main Street
Eden, New York 14057

Frances May
Assistant Superintendent for Finance & Operations

Phone (716) 992-3613
Fax (716) 992-3656

Meal Modification Plan
Accommodating Individuals with Disabilities in the Child Nutrition Program

General Information

School districts must make substitutions for students who are considered to have a disability under 7 CFR 15b.3 and whose disability restricts their diet. 7 CFR 210.10(m). Covered under disability are the following:

Major Life Activities:

- Seeing, hearing, walking, speaking, learning, eating, breathing
- Caring for oneself; Performing manual tasks; Seeing, Hearing, Speaking; Eating, Sleeping, Walking; Standing; Lifting, Bending; Bathing; Reading, Learning, Thinking; Communicating; Working

Major Bodily Functions:

- Digestive immune system, respiratory, circulatory, neurological/brain
- Functions of the immune system; Normal Cell Growth; Digestive, Bowel, Bladder; Neurological, Brain; Respiratory; Circulatory; Endocrine; Reproductive

Reasonable Modification

The District will make reasonable accommodations to those children whose disabilities restrict their diets, such as providing substitutions or modifications in the regular meal patterns. These meal substitutions will be offered at no extra charge.

However, the school food service is not required to provide meal services (for example, School Breakfast Program) to students with disabilities when the meal service is not normally available to the general student body, unless a meal service is required under the student's individualized education program (IEP) or Section 504 Accommodation Plan as mandated by a physician's written instructions.

Modifications will be made to accommodate a disability will be determined on a case-by-case basis. Health concerns or preferences that a child eat a specific diet because the parent/guardian believes it is healthier for the child are not disabilities and do not require a modification.

The modification provided:

- Should be related to the disability or limitations caused by the disability
- Does not have to be the modification requested
- Must (generally) be free of charge
- Should be implemented even when the person requesting the modification believes more should be done

Many food allergies fall under the definition of disability. In order to be considered for a meal modification plan, a medical statement is required, which can be completed by a state-licensed healthcare professional. The form is included in Appendix A of this plan.

Medical statement requirements

- Provides information about impairment- A diagnosis is not required.
- States how diet is restricted
- States how to accommodate condition

If the medical statement relates to a food allergy, the following are the three essential components:

1. The food to be avoided (allergen)
2. Brief explanation of how exposure affects the student
3. Recommended substitute(s)

Parent/Guardian Notification

The District will provide notification to parents/guardians of its meal modification procedures via the following sources:

1. Student Registration
   When student's first register with the District, either in kindergarten or at any other time.

2. District Website
   The website will include information on meal modification procedures.

3. By Request
   The meal modification plan will be available to all parents/guardians by request from a teacher or building principal.

Where to send Requests:
The Request for Meal Modification form should be sent to the school nurse in the building the student attends.

Appeal Procedure

If a meal modification request is denied, an appeal can be directed to the Building Principal in charge of the building at which the student attends.

A response will be provided and every attempt will be made to provide a prompt and equitable resolution. If resolution cannot be reached, a parent/guardian may request and participate in an impartial hearing to resolve the grievance, with the opportunity to examine the complete record. After the hearing, the parent/guardian will receive notice of the final decision and the basis for the decision.

Request for Meal Modification

Student Name:_____ Date of Birth:_____

Parent/Guardian Name: _____ Phone:_____

Mailing Address City/State/Zip:_____

School/Center/Site:_____ Grade:_____

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 impairment and how it restricts the child's diet** (i.e., how the ingestion/contact with the food impacts the child):

2. **Explain what must be done to accommodate the child's diet** (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: Medical Doctor(MD), Doctor of Osteopathy (DO) Physician's Assistant (PA) with prescriptive authority, Advances Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DPM), Optometrist (ED), Registered Dietitian (RD or RDN),and Dentist (DDS or DMD).*