

Food and Nutrition Services

Providing Special Meals to Children with Disabilities Guideline

Prior to making any diet substitutions or diet changes for any child with a disability, school officials **must** ensure that the following two steps are completed:

1. The parent/guardian must obtain a statement from the child's physician and provide it to school officials. The statement must state the following:
 - a. the child's disability
 - b. an explanation of why the disability restricts the child's diet
 - c. the major life activity affected by the disability; and
 - d. the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

2. Evaluate the physician's statement to see if it includes the required information above and meets Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). Many schools refer to this simply a "504". If the child's physician statement does include the required information and the disability is included in these Acts, the school **must** develop an Individualized Education Plan (IEP) for the child or include the physician's statement in the child's existing IEP.

Serving the Special Dietary Needs of Children Without Disabilities

Children without disabilities but with special dietary needs (such as lactose intolerance, allergies, cultural dietary restrictions) requiring food substitutions or modifications, may request that the Child Nutrition department meet their special nutrition needs.

- The School Food Authority will decide these situations on a case by case basis. Documentation with accompanying information must be provided by a recognized medical authority.
- While School Food Authorities are encouraged to consult with recognized medical authorities where appropriate, schools **are not required** to make meal modifications based on food choices of a family or child regarding a healthful diet.

FOOD & NUTRITION SERVICES
REQUEST FOR SPECIAL DIET MODIFICATION

Eating and Feeding Evaluation

PART A			
Student's Name			Age
Name of School	Grade Level	Classroom Teacher	
Does the Child have a Disability? If Yes, describe the major life activities affected by the disability.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 recognized medical authority.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 of chopped into bite size pieces:			
Finely ground:			
Pureed or Blended:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating for feeding patterns.			
Parent's Signature			Date:
Physician or Medical Authority's Signature:			Date: