

ADMINISTRATIVE PROCEDURE

Subject: Students with Special Dietary Needs

Board Policy #: 07.10

Meal Substitutions for Medical or Special Dietary Reasons

Disabled Students: Substitutions shall be provided when supported by a statement signed by a licensed physician; this statement shall identify the disabling condition, the dietary restrictions and foods to be omitted and appropriate substitutions.

Non-Disabled Students: Special dietary needs may be met at the discretion of the school; A statement from a recognized medical authority must identify the condition and the foods to be omitted and appropriate substitutions.

See attached form to be used for special dietary requests. The signed form must be kept on file in the school's foodservice office and a copy must be forwarded to the district foodservice operations coordinator.

The above policy concurs with USDA FNS Instruction 783-2

EATING/FEEDING EVALUATION: STUDENTS WITH SPECIAL NEEDS

Student's Name:	
School Name:	
Student's Age:	Grade Level: Classroom:
Does the Student have a Disability? Circle one: Yes No	
If Yes, describe the major life activities affected by the disability.	
If Yes, does the student have special nutritional or feeding needs? Circle one: Yes No	
If yes, complete this form and have it signed by a physician.	
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 to bite size pieces:	
Finely Ground:	
Pureed:	
List special equipment or utensils needed:	
Indicate any other comments regarding the student's eating or feeding patterns:	
Parent's Signature	Date:
Physician's or Medical Authority's Signature	Date:

FIGURE 2. INFORMATION CARD

Student's Name	Teacher's Name
Special Diet or Dietary Restrictions	
Food Allergies or Intolerances	
Food Substitutions	
<p>Foods Requiring Texture Modifications:</p> <p>Chopped:</p> <p>Finely Ground:</p> <p>Pureed or Blended:</p>	
Other Diet Modifications:	
Feeding Techniques	
Supplemental Feedings	
<p>Physician or Medical Authority:</p> <p>Name</p> <p>Telephone</p> <p>Fax</p>	
<p>Additional Contact:</p> <p>Name</p> <p>Telephone</p> <p>Fax</p>	<p>Additional Contact:</p> <p>Name</p> <p>Telephone</p> <p>Fax</p>
<p>School Food Service Representative/Person Completing Form:</p> <p>Title</p> <p>Signature</p>	<p>Date:</p>