

**FIGURE 1. EATING AND FEEDING EVALUATION:
CHILDREN WITH SPECIAL NEEDS**

| PART A | | | |
|---|--|-------------|-----------|
| Student's Name | | Age | |
| Name of School | | Grade Level | Classroom |
| Does the child have a disability? If Yes, describe the major life activities affected by the disability. | | Yes | No |
| 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 | No |
| 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 | No |
| If the child does not require special meals, the parent can sign at the bottom 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 or chopped into bite size pieces: Finely ground: Pureed: | | | |
| List any special equipment or utensils that are needed. | | | |
| Indicate any other comments about the child's eating or feeding patterns. | | | |
| Parent's Signature | | Date: | |
| Physician 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> |