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

PART A					
Student's Name	Age				
Name of School	Grade Le	vel	Classroo	m	
Does the child have a disability? If Yes, describe the major life activities as	ffootod by tl	20 V	es	No	
disability.	nected by th	10 1	es	INO	
disaomty.					
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this Yes No					
form and have it signed by a licensed physician.					
If the child is not disabled, does the child have special nutritional or feeding needs? If			es	No	
Yes, complete Part B of this form and have it signed by a recognized medic					
If the child does not require special meals, the parent can sign at the bottom	and return	the for	m to the sc	hool food	
service.					
PART B					
List any dietary restrictions or special diet.					
List any allergies or food intolerances to avoid.					
Distanty unorgies of food intolerances to avoid.					
List foods to be substituted.					
That Contact and the Cities in the state of the Total Contact and the		41.1			
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:					
Cut up of enopped into one size pieces.					
Finely ground:					
Pureed:					
List any special equipment or utensils that are needed.					
2100 and opposite equipment of unonsite that are notated.					
Indicate any other comments about the child's eating or feeding patterns.					
Parent's Signature		D	ate:		
- wear o organisate					
Physician or Medical Authority's Signature		D	ate:		
		1			

FIGURE 2. INFORMATION CARD

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