

**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**

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