

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

| PART A | | | |
|---|--|-------------|-----------|
| Student's Name | | Age | |
| Name of School | | Grade Level | Classroom |
| <p>Does the child have a disability? If Yes, describe the major life activities affected by the disability:</p> <p>Under the Americans with Disabilities Act (ADA) Amendments Act of 2008 a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Examples of major life activities include: caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.</p> <p>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.</p> | | Yes | No |
| | | Yes | No |
| PART B | | | |
| List any dietary restrictions or special diet. | | | |
| List any allergies or food intolerances to avoid. | | | |
| List foods to be substituted. | | | |
| <p>List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All."</p> <p>Cut up or chopped into bite size pieces:</p> <p>Pureed:</p> | | | |
| 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 | | | |
| Foods Requiring Texture Modifications: | | | |
| Chopped: | | | |
| Pureed: | | | |
| Other Diet Modifications: | | | |
| Feeding Techniques | | | |
| Supplemental Feedings | | | |
| Physician or Medical Authority: | | | |
| Name | | | |
| Telephone | | | |
| Fax | | | |
| Additional Contact: | | Additional Contact: | |
| Name | | Name | |
| Telephone | | Telephone | |
| Fax | | Fax | |
| School Food Service Representative/Person Completing Form: | | | Date: |
| Title | | | |
| Signature | | | |