

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 Section 504 of the <i>Rehabilitation Act of 1973</i>, and the <i>Americans with Disabilities Act of 1990</i>, 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.			
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: 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			
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			