

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			