

EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS

PART A

Student's Name _____ Age _____

Name of School _____ Grade Level _____ Classroom _____

1. Does the child have a disability? YES _____ NO _____

If Yes, describe the major life activities affected by the disability.

2. Does the child have special nutritional or feeding needs? YES _____ NO _____

If Yes, complete Part B of this form and have it signed by a licensed physician.

3. If the child is not disabled, does the child have special nutritional or feeding needs?

YES _____ NO _____ If yes, complete Part B of this form and have it signed by a recognized medical authority.

4. 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

1. List any dietary restrictions or special diet. _____

2. List any allergies or food intolerances to avoid. _____

3. List food to be substituted. _____

4. 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: _____

5. List any special equipment or utensils that are needed.

6. Indicate any other comments about the child's eating or feeding patterns.

Parent's Signature _____ Date: _____

Physician or Medical Authority's Signature _____ Date: _____