

# Return to Kitchen

**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 does not require special meals, the parent can sign at the bottom and return the form to school food service.		
Part B		
List any dietary restrictions or special diet.		
List any <u>allergies</u> 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.		
Parents Signature:		Date:
Physician or Medical Authorities Signature:		Date:

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**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:  Finely Ground:  Pureed or Blended:			
Other Diet Modifications:			
Feeding Techniques:			
Supplemental Feedings:			
Physician or Medical Authority: Name:  Telephone:  Fax:			
Additional Contact: Name:  Telephone: Fax:		Additional Contact: Name:  Telephone: Fax:	
School Food Service Representative/Person Completing Form: Title:  Signature:			Date: