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

**PART A**

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School</td>
<td>Grade Level</td>
</tr>
</tbody>
</table>

| 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 is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority. | Yes | No |
| 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**

- 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:
  - Finely ground:
  - Pureed:
- List any special equipment or utensils that are needed.
- Indicate any other comments about the child's eating or feeding patterns.

<table>
<thead>
<tr>
<th>Parent's Signature</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician or Medical Authority’s Signature</td>
<td>Date:</td>
</tr>
</tbody>
</table>
## FIGURE 2. INFORMATION CARD

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Teacher's Name</th>
</tr>
</thead>
</table>

**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

**School Food Service Representative/Person Completing Form:**
- Title
- Signature
- Date: