

MASON CITY SCHOOLS - CHILD NUTRITION OFFICE

EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS

PART A		
Student's Name	Student's Age	
Name Of School	Grade Level	Classroom
<p>Does the child have a disability? (please circle one answer) YES NO</p> <p>(includes food anaphylaxis, metabolic diseases, Celiac's Disease, etc)</p> <p>If YES, describe the major life activities affected by the disability.</p> <p>_____</p> <p>_____</p>		
<p>Does the child have special nutritional or feeding needs? YES NO</p> <p>(please circle one answer)</p> <p>If YES, complete PART B of this form and have it signed by a licensed physician.</p>		
<p>If the child is NOT disabled, does the child have special nutritional or feeding needs? YES NO</p> <p>(please circle one answer)</p> <p>If Yes, complete PART B of this form and have it signed by a recognized medical authority.</p>		
<p>If the child does not require special meals, the parent can sign at the bottom and return to form to the Child Nutrition Office at 211 North East St., Mason, OH 45040</p>		

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 changes in texture.</p> <p>If all foods need to be prepared in this manner, indicate "ALL"</p> <p style="text-align: center;">Cut up or chopped into bite size pieces _____</p> <p style="text-align: center;">Finely Ground _____</p> <p style="text-align: center;">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