

**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:

**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.  Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed ohvsician.</p>	<p>Yes Yes</p>	<p>No No</p>
<p>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.</p>	<p>Yes</p>	<p>No</p>
<p>If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.</p>		
<p style="text-align: center;">PART B</p>		
<p>List any dietary restrictions or special diet.</p>		
<p>List any allergies or food intolerances to avoid.</p>		
<p>List foods to be substituted.</p>		
<p>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:</p>		
<p>List any special equipment or utensils that are needed.</p>		
<p>Indicate any other comments about the child's eating or feeding patterns.</p>		
<p>Parent's Signature</p>	<p>Date:</p>	
<p>Physician or Medical Authority's Signature</p>	<p>Date:</p>	