



PICKERINGTON LOCAL SCHOOL DISTRICT

Department of Food Service

300 Opportunity Way, Pickerington, Ohio 43147

Phone: 614-833-3645 Fax: 614-833-3649

www.pickerington.k12.oh.us

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 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.		
Parent's Signature:		Date:
Physician or Medical Authority's 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:		Additional Contact:	
Name:		Name:	
Telephone:		Telephone:	
Fax:		Fax:	
School Food Service Representative/Person Completing Form:			Date:
Title:			
Signature:			