

IMPORTANT NOTE: The Ohio Department of Education regulations states that this form must be on file in the Cafeteria in order for food substitutions to be honored. THERE WILL BE NO SUBSTITUTIONS IF THIS FORM IS NOT SIGNED BY A LICENSED PHYSICIAN

**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 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.			
Parents Signature:		Date:	
Physician or Medical Authorities Signature:		Date:	

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:		
Additonal Contact: Name: Telephone: Fax:	Additional Contact: Name: Telephone: Fax:	
School Food Service Representative/Person Completing Form: Title: Signature:		Date: