

CALICO ROCK SCHOOL DISTRICT

Request for Special Nutritional Needs

Student Name _____

Age _____ Grade _____ Classroom _____

Is this student diabetic? _____ Yes _____ No

Does the student have a disability? _____ Yes _____ No

If Yes, describe the major life activities affected by this disability:

If Yes, does the student have special nutritional or feeding needs?

_____ Yes _____ No

If Yes, complete this form and have it signed by a physician.

If the student is **not** disabled, does he/she have special nutritional or feeding needs? _____ Yes _____ NO

If Yes, complete this form and have it signed by the appropriate medical authority.

If the student does not require special meal considerations and is able to eat a regular diet, the parent can sign at the bottom and return the form to the school.

List any dietary restrictions or special dietary needs:

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 special equipment or utensils needed: _____

Indicate any other necessary information regarding the student's eating or feeding patterns: _____

Parent's Signature

Date

Physician's or Medical Authority's Signature

Date

Source: Adapted from U.S. Department of Agriculture, Food and Nutrition Service. (2001) *Accommodating children with special dietary needs in the school nutrition programs: Guidance for school food service staff*. Alexandria, VA: Author.