

Eating and Feeding Evaluation: Children with Special Needs

FIGURE 1: .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:
Parent's Printed Name and Phone Number			Date:
Physician or Medical Authority's Signature			Date:
Physician or Medical Authority's Printed Name and Phone Number			Date:

Under Section 504 of the *Rehabilitation Act of 1973*, and the *Americans with Disabilities Act (ADA)* of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

The term child with a "disability" under Part B of the *Individuals with Disabilities Education Act (IDEA)* means a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services.