

**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: | |