

**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
--	------