**Figure 1. Eating and Feeding Evaluations: Children with Special Dietary Needs**

<table>
<thead>
<tr>
<th>PART A</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student’s Name</strong></td>
<td><strong>Age</strong></td>
</tr>
<tr>
<td><strong>Name of School</strong></td>
<td><strong>Grade Level</strong></td>
</tr>
<tr>
<td>Does the Child have a Disability? If Yes, describe the major life activities affected by the disability.</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>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.</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>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.</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>If the child does not require special meals, the parent can sign at the bottom of this form and return the form to the school food service.</td>
<td></td>
</tr>
</tbody>
</table>

**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 of chopped into bite size pieces:
  - Finely ground:
  - Pureed or Blended:
- List any special equipment or utensils that are needed.
- Indicate any other comments about the child’s eating for feeding patterns.

<table>
<thead>
<tr>
<th>Parent’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician or Medical Authority’s Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>