

LAKEVIEW LOCAL SCHOOLS

EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS

Part A			
Students 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 doctor.		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 the bottom and return the form to the school food service or nursing staff.			
Part B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted. (Acceptable alternates, must be completed)			
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:			
Parent's Signature		Phone:	Date:
Physicians or Medical Authority's Signature		Phone:	Date:

This institution is an equal opportunity provider.