

Northfield Public Schools

EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL DIETARY NEEDS

PART A		
Student's Name	Age	Grade Level
Name of School	Teacher/Homeroom	
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 child's teacher.		
PART B		
List any dietary restrictions or special diet.		
List any allergies or food intolerances to avoid.		
List foods to be substituted. If your child is lactose intolerant, the Food Service Dept. is able to provide a lactose-free milk product at no additional charge. 100% fruit juice is also available during meals, but at an additional charge. If you would like us to provide lactose-free milk or juice to your student as an alternative to milk, you must specify that here.		
Provide lactose-free milk: Yes No Provide 100% fruit juice: Yes No		
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	Home Phone: () Work Phone: ()	Date:
Physician or Medical Authority's Signature	Phone: () Fax: ()	Date:

Please submit the completed form to your child's teacher. Teachers will submit the form to the school medical authority.