

School Year: 2017-2018
Hamilton County School Nutrition Department
 423-498-7286 phone 423-498-6709 Fax
 Eating and Feeding Evaluation: Student with Special Needs

Part A: To be completed by Parent/Guardian

A1. Student Name:	A7. Date of Birth	A8. <input type="checkbox"/> M <input type="checkbox"/> F
A2. Name of School:	A9. Grade Level/Classroom or Homeroom:	
A3. Parent/Guardian Name (please print):	A10. Home Address, City State, Zip Code (REQUIRED):	
A4. Home Phone: A5. Work Phone:		
A6. Email address:		

I request service for my child and I give permission to the School Nutrition Central Office to contact the Doctor or other recognized medical authority listed below on these orders if clarification is needed.

A11. Parent/Guardian's Signature: _____ | A12. Date: _____

Part B: To be completed by Physician/Medical Authority ONLY*(See instructions on back of this form). A PARENT CAN'T COMPLETE.

B1. Please state the medical condition/impairment that affects this student's diet. (REQUIRED)

B2. Please describe briefly how the medical condition/impairment listed above restricts this student's diet. (REQUIRED)

B3. If the impairment is a food allergy, please specify allergen(s) below.

Milk, please clarify: <input type="checkbox"/> Fluid Milk <input type="checkbox"/> Ice Cream <input type="checkbox"/> Cheese <input type="checkbox"/> Yogurt <input type="checkbox"/> Casein & Whey <input type="checkbox"/> Soy <input type="checkbox"/> Fish	Eggs, please clarify: <input type="checkbox"/> Whole Eggs (ex: scrambled, hard boiled, etc.) <input type="checkbox"/> All foods with egg/egg derivatives <input type="checkbox"/> Wheat <input type="checkbox"/> Shellfish	<input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts (ex: almond, pecan, walnut, etc.) <input type="checkbox"/> Other, please list: _____
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If the student can tolerate these allergens BAKED in foods, please specify the allergen(s) that apply and foods that meet this exception.

B4. Please indicate the accommodation to the student's meal(s) that is requested. (REQUIRED)
 If foods are to be eliminated from the diet, please recommend substitutions.

B5. If the student needs texture or liquid modifications, please indicate below:

<input type="checkbox"/> Mechanical Soft Solids & Chopped Meats (Dysphagia Level 3)	<input type="checkbox"/> Fork Mashable Solids & Ground Meats (Dysphagia Level 2)
<input type="checkbox"/> Pureed Solids & Meats (Dysphagia Level 1)	<input type="checkbox"/> Other (Specify): _____

Liquid Consistency: Thin Nectar Thick Honey Thick Pudding Thick

B6. Indicate additional comments about eating or feeding patterns, including thickened liquids, special equipment or utensils.

B7. Physician's Printed Name: _____ B8. Physician's Phone #: _____

B9. Physician or Medical Authority's Signature (REQUIRED): _____ B10. Date: _____

Note: The doctor is to fax this form to 423-498-6709. **No accommodations can be made until received and processed.**

SCHOOL NUTRITION CENTRAL OFFICE USE ONLY	
<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> IEP Referral to _____ <input type="checkbox"/> 504 Referral to _____	<input type="checkbox"/> Approved, Date: _____ <input type="checkbox"/> Approved, with modifications: _____, Date: _____ <input type="checkbox"/> Denied, Date: _____

SEE INSTRUCTIONS ON BACK

Eating and Feeding Evaluation Form Instructions

Overall Instructions and Information:

- This form may be kept on file by the School Nutrition Program, Exceptional Education, 504 Coordinator and/or School Health. **Please complete only if you would like the cafeteria to make special accommodations.**
- This form is **required** by the USDA if any special accommodations are to be made. All required sections must be completed or the request will be denied until it is complete. **No accommodations can be made until the form is returned and reviewed via the fax below or mail to the Supervisor of Nutritional Services, 2501 Dodds Ave, Chattanooga, TN 37407.**
- **Part A** is to be completed by the parent or legal guardian.
- **Part B must be completed by a recognized medical authority**, which includes a medical doctor, doctor of osteopathic medicine, physician assistant, nurse practitioner, doctor of osteopathy, dentist, or podiatrist.

Part A Instructions:

The **parent or guardian** should complete Part A, and sign and date the form under A10 and A11.

A1. List the student's legal name (no nicknames please).

A2. List the school the student attends.

A3. List the parent or guardian who wishes to be the main contact regarding the special request.

A4. List the home phone number of the contact parent/guardian.

A5. List the work phone number of the parent/guardian.

A6. List the student's date of birth.

A7. Check "M" if the student is male or "F" for female.

A8. List the student's current grade AND their classroom or homeroom.

A9. List the parent/guardian's home address. Notification of the decision will be mailed to this address.

A10 & A11. Parent/guardians, please sign and date the form.

Part B Instructions:

The **licensed physician or recognized medical authority, which includes a medical doctor, doctor of osteopathic medicine, dentist, optometrist, physician assistant, and nurse practitioner must complete Part B.**

A parent cannot complete any of Part B.

B1. REQUIRED: Please state the medical condition or impairment that affects the student's diet.

B2. REQUIRED: Please describe how the medical condition or impairment restricts the student's diet.

B3. If the student has a food allergy, please check off all that apply.

B4. REQUIRED: Please describe the accommodation(s) requested for this student.

If foods are to be eliminated, please recommend substitutions (not required but helpful to the SNP).

B5. List foods that need a texture modification. If an altered texture (ie. puree or mechanical soft) is needed, indicate the consistency required. Please also indicate the thickness of the liquids to be provided as appropriate.

B6. Indicate other notes about the child's eating pattern or if special equipment is needed.

B7 & B8. The doctor/medical authority needs to clearly print their name and list a contact phone number.

B9 & B10. REQUIRED: The doctor/medical authority needs to sign and date the form.

The physician or other recognized medical authority is to fax this form to the School Nutrition Program at fax number 423-498-6709. Please understand that no accommodations can be made until this form is received and processed. A letter will be mailed to you with the decision and accommodation(s) your child will receive.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.