

EATING AND FEEDING EVALUATION

Part A		
Student's Name	Date of Birth	
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
<i>** If the child does not require special meals, the parent can sign at the bottom and return the form to the school.</i>		
Part B		
List any dietary restrictions or special diet.		
List any allergies or food intolerances to avoid. <i>Complete "Food Allergy/Food Intolerance Information and Treatment Form."</i>		
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 (please describe consistency, examples: similar to oatmeal, pudding, apple sauce, etc): Does your child need thickener in his/her liquids? Yes or No To what consistency?		
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 Signature:		Date:

Please attach the most recent copy of the child's Swallow Study if available.

If no swallow study is available, we request that the parent be present when the IEP team does a feeding evaluation on the child. Feeding evaluations will take place during the first week of attendance.