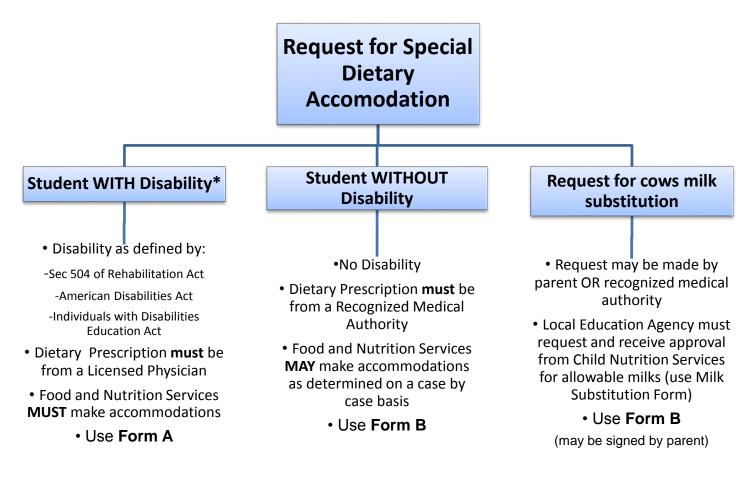
Accommodating Special Dietary Needs

Determining the accommodations to be made AND required documentation



^{*}Disability is determined by a licensed physician

RESOURCES related to Special Dietary REQUESTS

• US Department of Agriculture Food and Nutrition Service

Accommodating Children with Special Dietary Needs in the School Nutrition Programs Guidance for School Food Service Staff http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf

Americans with Disabilities Act

ADA Homepage: http://www.ada.gov/

• US Department of Education link for Individuals with Disabilities Education Act (IDEA)

http://idea.ed.gov/

Form A: Dietary Prescription for Student WITH Disability

OSPI Child Nutrition Programs

Student Name	Birth Date	Age	Grade	School
Parent/Guardian Name			Phone	
Mailing Address			City/State/Zip	
Signature of Parent/Guardian			Date	
DIET ORDER – LICENSED PHYSICIA				
 List student's disability: (Include life-threatening allergies w 	hich cause an immu	ne system re	- sponse to a particul	ar food/ingredient/additive.)
What is the major life activity(s)	affected?			
3. Describe how the disability rest	ricts student's diet	:		
4. List all food(s) and/or milk to be	omitted:	5. List a	II food(s) and/or m	nilk to be <u>substituted</u> :
6. List any foods that require textu	re modification an	d describe l	now to prepare (cl	hop, grind fine, puree, etc.):
7. Describe any other comments a	bout the student's	eating or fe	eeding patterns:	
Signature of Licensed Physician	Date		E-mail	Phone

Form B: Dietary Prescription for Student WITHOUT Disability

OSPI Child Nutrition Programs

IS THIS REQUEST FOR COWS MILK SUBSTITUTION (check box): Yes No

FOR INTERNAL INFORMATION ONLY: If yes, the local education agency must request approval from the Office of Superintendent of Public Instruction - Child Nutrition Services prior to making milk substitutions and must follow USDA regulations. Requests for milk substitutions may be signed by a parent/guardian OR recognized medical authority for students without disabilities.

Phone City/State/Zip Date Date DMPLETE and SIGN THIS SECTION.	-
Date Date DMPLETE and SIGN THIS SECTION.	-
OMPLETE and SIGN THIS SECTION.	
gton State is limited to the following professi	onals only:
Assistant with prescriptive authority; license r licensed Naturopathic Physician.	•
3. List all food(s) to be <u>substituted</u> :	
ribe how to prepare (chop, grind fine, puree,	etc.):
or feeding patterns:	
E-mail Phone	
	Tilicensed Naturopathic Physician. 3. List all food(s) to be substituted: ribe how to prepare (chop, grind fine, puree, or feeding patterns: