

Harlan County School Food Service

Operational Procedure Policy

Special Dietary Needs Procedure

Schools must make substitutions in foods in the reimbursable meal for students who are disabled and whose disability restricts their diet. These accommodations must be made at no extra charge. The disability determination can only be made by a licensed physician. An evaluation form follows.

The Harlan County Kentucky School District Eating and Feeding Evaluation must include the following:

- *What the disability is
- *How it restricts diet
- *Major life activity affected
- *Foods to be omitted
- *Foods to be substituted
- *Texture

For children who are not disabled but have special dietary needs the evaluation form must be signed by a recognized medical authority (physicians, physician assistants, nurse practitioner or other professional) specified by the State agency. It also must identify the medical or dietary condition which restricts the child's diet, the foods to be omitted from and the foods to be substituted for the omitted items in the child's diet.

Food Service can never revise or change a prescription or medical order. Parents/guardians must supply all changes to the food service department or changes can't be made.

It is a recommendation that all accommodations or changes to existing diet orders be documented in writing and a meeting held between parents/guardians and cafeteria managers so that there will not be any misunderstanding. Schools should retain copies of special, non-meal pattern diets on file for reviews. The diet orders do not need to be renewed on a yearly basis except when changes to the diet occur; schools are encouraged to ensure that the diet orders reflect the current dietary needs of the child.

**EATING AND FEEDING EVALUTATION:
CHILDREN WITH SPECIAL NEEDS
HARLAN COUNTY KENTUCKY SCHOOL DISTRICT**

PART A

Student's Name:	State ID	Age:
Name of School:	Grade Level:	
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 school food service department.		

PART B

List any dietary restrictions or special diet.		
List any allergies or food intolerances.		
List all foods to be omitted from the diet. If not listed below Food Service can not omit it from the diet.		
List all foods that can be substituted in the diet. If not listed below Food Service can not substitute it within the diet.		
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.		
Is there is a scheduled time frame for feeding the child his/her meals? If yes list beginning times for those meals: Breakfast: Lunch: Snack:		
Does the attendant/aide have permission to take the child back to the to classroom to feed them?	Yes	No
Parent Signature:	Date:	
Physician or Medical Authority's Signature:	Date:	

SPECIAL DIETARY NEEDS STUDENT INFORMATION CARD

Student's Name:	Teacher Name:
Special Diet or Dietary Restrictions:	
Foods to be omitted:	
If not listed on the Eating & Feeding Evaluation, Food Service can not make that determination.	
Foods to be substituted:	
If not listed on the Eating & Feeding Evaluation, Food Service can not make that determination.	
Foods Requiring Texture Modifications:	
Chopped:	
Finely Ground:	
Pureed or Blended:	
Other Diet Modifications:	
Feeding Techniques	
Supplemental Feedings	
Physician or Medical Authority	
Name:	
Telephone:	
Fax:	
Parent/Guardian Contact:	Additional Contact:
Name:	Name
Home Telephone:	Home Telephone:
Cell Phone Number:	Cell Phone Number:
Work Number:	Work Number:
Fax:	Fax:
School Food Service Representative/Person Completing Form:	
Signature:	
Title:	Date:

USDA Nondiscrimination Statement

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USDA Nondiscrimination Statement

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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.

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