

## Dietary Request Form

Please read page 1 before completing this form.

Student's Name \_\_\_\_\_

Student's PIN/ID Number \_\_\_\_\_

Age\* \_\_\_\_\_

Name of School\* \_\_\_\_\_

Grade Level\* \_\_\_\_\_

Classroom\* \_\_\_\_\_

\*Please include information that is accurate as of the time of this form's submission.

1. Does the child have a disability according to 7 CFR Part 15d that requires accommodation? (Does he/she have "a physical or mental impairment which substantially limits one or more major life activities"?)

- No (Districts have the discretion as to whether non-disability requests will be accommodated.) <sup>See Section D, page 1</sup>
- Yes
- a) What is the disability? \_\_\_\_\_
- b) What major life activity is affected? \_\_\_\_\_
- c) How does the disability restrict the diet? \_\_\_\_\_

2. Please complete all of the sections below that are applicable to the child.

Allergies and Celiac Disease	What food(s)/type(s) of food should be omitted? Please be specific.
	List foods to be substituted. (Avoid specific brand names, if possible.)

Diabetes Mellitus	Please describe any modifications necessary to accommodate the child's needs.
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Texture Modifications	The child requires that all foods be: <ul style="list-style-type: none"> <li><input type="checkbox"/> Pureed</li> <li><input type="checkbox"/> Diced/finely ground</li> <li><input type="checkbox"/> Chopped/cut into bite-sized pieces</li> </ul>	Liquids should be: <ul style="list-style-type: none"> <li><input type="checkbox"/> Pudding thick</li> <li><input type="checkbox"/> Honey thick</li> <li><input type="checkbox"/> Nectar thick</li> <li><input type="checkbox"/> Thin/normal consistency</li> </ul>
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Other	What food(s)/type(s) of food should be omitted? Please be specific.
	List foods to be substituted.

3. Additional comments:

Parent's Signature _____	Date _____
Parent's Name (Please Print) _____	Phone Number _____

<u>Signature Below Required for Disabilities</u> <small>(See section C, page 1)</small>
Medical Practitioner's Signature & Date
Medical Practitioner's Name, Title, & Phone Number (Please Print)

<u>Signature Below Required for Non-Disabilities</u> <small>(See Section D, page 1)</small>
Medical Authority's Signature & Date
Medical Authority's Name, Title, & Phone Number (Please Print)

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