2023-2024
Española Public Schools
Diet Prescription for Special Meals
(Breakfast, Lunch, Snacks)

Date _____

Student's Name _____ Age _____

Parent/Guardian _____Telephone _____

Describe the student's (check one): _____Disability ___Medical Condition

that requires the student to have a special diet and the major life activity affected by the student's disability:

_____
_____
_____
_____
_____
_____

Does the disability or medical condition restrict the student's diet? Yes __No _____

If yes, list food(s) to be omitted from the diet and food(s) that may be substituted (Diet Plan may be attached) and/or describe any adjustments that need to be made to the texture of foods:

_____
_____
_____
_____
_____
_____

Is special eating equipment needed? If so, describe:

_____
_____
_____

Is a registered Dietitian or Licensed Nutritionist consulting with the patient? If so, please list name and telephone number:

_____ **Telephone** _____

_____ **Telephone** _____

Physician's Signature

_____ **License Number** _____

Physician's Name (PRINTED)

MEAL TIME GUIDE

Student: _____ Age: _____ Date: _____

Diet Order: _____ ☐ Diet Prescription on File

Dietitian: _____ OT/SLP: _____ Teacher: _____

PRECAUTIONS: ☐ Choking ☐ Food Allergies: _____
☐ Food Intolerances: _____

POSITIONING EQUIPMENT: ☐ Wheelchair ☐ Adapted Cafeteria Chair ☐ Bolster Chair

Other: _____

ADAPTIVE EQUIPMENT:

☐ Splint ☐ Scoop Plate	☐ Plate Guard	☐ Dycem	☐ Bib
☐ Left Angled Spoon	☐ 1-Handled Cup	☐ Nose-out Cup	
☐ Right Angled Spoon	☐ 2-Handed Cup	☐ Straw	
☐ Built-up Handled Spoon	☐ Foam Cup Holder	☐ Long Straw	
☐ Plastic Coated Spoon	☐ Sandwich Holder	☐ Cup Cover	

☐ Other _____

ASSISTANCE REQUIRED:

Hand Preference: ☐ Right ☐ Left

- ☐ Set-up with Adaptive Equipment
- ☐ Assist to Grasp Food/Utensil
- ☐ Assist to Scoop
- ☐ Jaw and/or Lip Closure
- ☐ Other _____

- ☐ Verbal Cues ☐ Manual Prompts
- ☐ Hand-over-Hand Assistance
- ☐ Assist Hand-to-Mouth

COMMUNICATION: ☐ Verbal ☐ Yes/No Response ☐ Signs
☐ Communication Board ☐ Lunch Communication Board

FOOD TEXTURE: ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed
☐ Thickened Liquids ☐ Nectar ☐ Honey ☐ Pudding ☐ G-Tube

FOOD PREFERENCES:

Yes	No	Snacks

Prepared By_____ **License NO.**_____ **Date** _____