

WILSON COUNTY SCHOOL NUTRITION
EATING AND FEEDING EVALUATION FOR CHILDREN WITH SPECIAL NEEDS

Students Name	Age	Grade
Name of School		
Does the child have a disability? If Yes, describe the major life activity affected by the disability.	YES	NO
If the child has a disability , does the child have special nutritional or feeding needs? If yes, complete the remainder of the 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 the remainder of the form and have it signed by a recognized medical authority.	YES	NO
List any dietary restrictions, allergies or food intolerances.		
List the food or foods to be omitted from the student's diet.		
List the food or choice of food that <u>must</u> be substituted.		
List any changes in food texture; i.e. cut up in bite size pieces, finely ground, pureed.		
Indicate any other comments about the student's eating or feeding patterns.		
Physician or Medical Authority Signature	Date	