

Meal Substitutions for Students with Special Dietary Needs

Key Terms:

Student with Disabilities: Any child who has a physical or mental impairment as defined in Sec.15b.3 of the Department of Agriculture regulations (7CFR Part 15b).

Reference: *CARE: Special Nutrition for Kids* (1993, Revised 1995) Alabama State Department of Education, Child Nutrition Programs
http://healthymeals.nal.usda.gov/nal_display/index.php?tax_level=1&info_center=14&tax_subject=232
http://www.fns.usda.gov/cnd/Governance/regulations/210_2006.pdf
http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf

Regulations

Federal regulations require schools which received federal reimbursement for meals must serve special meals, at no extra charge, to students whose disability restricts their diet. “Schools **shall make** substitutions in foods for students who are considered disabled and whose disability restricts their diet. Schools **may** also make substitutions for non-disabled students who are unable to consume the regular lunch (and breakfast) because of medical or other special dietary needs.”

Diet Prescription

Substitutions must be provided for a child with a disability only when supported by a statement signed by a licensed physician

The statement should include:

- A. The child’s disability and an explanation of why the disability restricts the diet;
- B. The major life activity affected by the disability; and
- C. The food or foods to be omitted from the child’s diet and the food or choice of foods that may be substituted (i.e. texture changes and food substitutions).

For a child without a disability, but with a chronic medical condition that requires a special diet, a statement signed by a recognized medical authority (i.e. nurse, physician) must be provided.

This statement must include:

- A. Identification of the medical or other special need which restricts the child’s diet; and
- B. The food or foods to be omitted from the child’s diet and the food or choice of foods that may be substituted (i.e. texture changes and food substitutions).

Diet Prescription For Meals At School

Name of student for whom special meals at school are requested:

Disability or medical condition that requires the student to have a special diet. Include a brief description of the major life activity affected by the student's disability.

Diet Prescription (Check all that apply.)

DIABETIC

REDUCED CALORIE

INCREASED CALORIE

MODIFIED TEXTURE

OTHER (DESCRIBE) _____

FOODS OMITTED AND SUBSTITUTIONS (Please check food groups to be omitted. List specific foods to be omitted and suggest substitutions using the back of this form or attach information.)

MEAT AND MEAT ALTERNATES

MILK AND MILK PRODUCTS

BREAD AND CEREAL PRODUCTS

FRUITS AND VEGETABLES

Textures Allowed (Check the allowed texture.)

REGULAR

CHOPPED

GROUND

PUREED

Other Information Regarding Diet or Feeding (Please provide additional information on the back of this form or attach to this form.)

I certify that the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Physician/Recognized Medical Authority Signature

Office Phone Number

Date

Substitutions for religious needs are not required by USDA. However, it is a good customer service practice to work closely with parents, teachers and school administrators to provide meals students will eat.