

Guidelines for Students with Special Diets

If your child has been identified as having a disability and has special dietary needs, changes can be made to your child's school breakfast and/or lunch at no extra charge with the proper documentation from a licensed medical professional.

Is your child eligible?

Your child is eligible if he or she has been identified as having a disability under **Section 504 of the Rehabilitation Act of 1973**, or under **Part B of the Individuals with Disabilities Education Act (IDEA)** and has special dietary needs. USDA regulations (7 CFR Part 15b) require substitutions or modifications in school meals for children whose disabilities restrict their diets.

Some examples of special dietary needs that are considered disabilities:

- Celiac disease
- Diabetes
- Food allergies
- PKU

Section 504 of the Rehabilitation Act of 1973

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. A major life activity is defined as caring for one's self, eating, doing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. The term "physical or mental impairment" includes many diseases and conditions.

Part B of the Individuals with Disabilities Education Act (IDEA)

The term **child with a "disability"** under Part B of the Individuals with Disabilities Education Act (IDEA) means a child evaluated in accordance with IDEA as having one or more of the recognized disability categories and who, by reason thereof, needs special education and related services.

For more information on Section 504 of the Rehabilitation Act of 1973, please visit the U.S. Department of Education Office for Civil Rights website at www.ed.gov and for more information on Part B of the Individuals with Disabilities Education Act, please visit the U.S. Department of Education IDEA website at http://idea.ed.gov/.

What types of meal modifications can be made?

Possible modifications include but are not limited to:

- Food restrictions (milk and milk products, gluten, eggs, etc.)
- Increased calories
- Texture changes (pureed, ground, chopped, thickened liquids, etc.)
- Tube feeding
- Weight management (calorie controlled)



What documentation is needed?

The **Special Diet Form** will need to be completed for special dietary requests.

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Submit a **statement** signed by a licensed medical professional. In the state of Michigan, this includes a licensed physician (MD or DO), physician's assistant (PA), or nurse practitioner (NP).

The **Special Diet Form** or the **licensed statement** must identify:

- An explanation of why the disability restricts the child's diet;
- The major life activity affected by the disability;
- The food(s) to be omitted from the child's diet and the food or choice of foods that must be substituted

What the school foodservice department will provide:

The school foodservice department will accommodate those substitutions or modifications as identified by a licensed medical professional, defined above, within the **Special Diet Form** or a **licensed statement**. The following are examples of what the school will provide:

- Dietary supplements (tube feeding formulas & other nutritional formulas)
- Substitution foods (gluten free, low protein, etc.)
- Foodservice staff will be trained on optimum handling of special diet modifications.
- Communication between foodservice department, school nurse, registered dietitian, physician and parent or guardian regarding your child's school meals.

What if my child has special dietary needs, but not a disability?

Schools are not required to make modifications to meals for students with special dietary needs that are not considered a disability. This includes modifications based on food choices of a family or child regarding a healthful diet. For example, general health concerns, like preferring to eat gluten-free because of a belief that it is better, rather than due to Celiac disease, are not disabilities and do not require accommodation.

Children without disabilities, but with special dietary needs requiring food substitutions or modifications, may request in writing, that the school food service meet their special nutrition needs. However, it is up to the individual school and/or school district as to whether requests are accommodated.

Have more questions on special dietary needs?

Contact SFE's CN Operations Support Department to speak with a Registered Dietitian:

Email: CNOpsSupport@sfellc.org Phone: (480)-551-6550

Special Diet Form



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□ New	□ Change/Modify	□ Temporary ((End Date:)	
STUDENT INFORMATION					
First Name:	Last Name:		Today's Date:		
Student ID Number:	Age:	Male / Female	Date of Birth:		
School:	Grac	le:	_ Teacher:		
Parent/Guardian Name:	Phone/Email:				
	MEDICA	L INFORMATION			
Per the United States Department of Agricultum By definition this includes but is n THIS SECTION Student's Diet Restriction(s): Please describe major life activities	ot limited to diabetes, PKU, ce	activities. eliac disease, food anaphyla: D BY A <u>LICENSED M</u>	xis, learning disabilities, and etc	:. <u>!L</u> .	
Texture Modification: Ground C	Chopped Pureed	Other (please b	e specific):		
Tube Feeding: Formula Name:		Instructions:	Ora	il?YES	NO
Nutrient Modification: Increase Ca	loriesDe	crease Calories	Nutrient Rest	riction:	
Omit Foods:		Substitute with:	:		
Does patient have a life threatening		_YESNO			
Food Allergies (circle all that apply):	:				
☐ Fluid Milk ☐ All Dairy Products	s □ Soy □ Eg	gs	□ All Products Wi	th Eggs	
□ Wheat □ Gluten	□ Corn □ Al	l Corn Additives	□ Seafood		
□ Peanuts □ All Nuts	□ All Foods Prod	uced in Facility With	Nut Products		
Can patient consume allergen as an	ingredient in food pro	oduct?YES	5NO		
If Medica	tion is required, pleas	se complete a Food	Allergy Action Plan.		
Licensed Medical Professional: Licensed Medical Professional:			Phone: ()_ Date:		
			itted, please allow up to five day	-	
By signing below, I understand	tnat it is my responsibility to r	enew this form anytime my c	child's medical or health needs ch	iange.	
Parent Signature:			Date:		