

**MONROE-WOODBURY CSD - FOOD SERVICES**  
**DIET PRESCRIPTION FOR SPECIAL MEALS FORM**  
**SCHOOL YEAR 2015-2016**

NAME OF STUDENT \_\_\_\_\_ Student's Age: \_\_\_\_\_ Grade: \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**SECTION A**

Does the student have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the major life activities affected by the disability.

If yes, does the student have special nutritional or feeding needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete Section C and Section D.

Completion of this section will require a meeting between the parent, the Food Service Director, and the School Nurse)

**SECTION B**

If the student does not have a disability, does he/she have special nutritional or feeding needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete Section C and Section D.

**SECTION C**

Provide the diet prescription: (attach a list of foods to be omitted and/or substituted, if needed)

List foods that need to be modified in texture. If all foods need to be prepared in this manner, indicate "all".

Chopped: \_\_\_\_\_

Ground: \_\_\_\_\_

Pureed: \_\_\_\_\_

Add any other comments regarding the student's eating or feeding patterns.

List any food allergies to avoid.

**Section D**

Parent's Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

I certify that the above named student needs special school food as described above,

Physician's Signature \_\_\_\_\_ Office Number \_\_\_\_\_ Date \_\_\_\_\_

**For School Use Only**

Date Entered into DSMP \_\_\_\_\_ Manager's Signature \_\_\_\_\_