

## ***EATING & FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS***

<b>Student's Name:</b>	<b>Age:</b>	
<b>Name of School:</b>	<b>Grade:</b>	<b>Teacher:</b>
<b>Does the child have a disability? If yes, describe the major life activities affected by the disability.</b>	<b>YES</b>	<b>NO</b>
<b>Does the child have special nutritional or feeding needs? If yes, complete Part B of this form.</b>	<b>YES</b>	<b>NO</b>
<b>If the child is not disabled, does the child have special nutritional or feeding needs? If yes, complete Part B of this form.</b>	<b>YES</b>	<b>NO</b>
<b>List any dietary restrictions or special dietary needs.</b>		
<b>List any food allergies or intolerances.</b>		
<b>List food substitutions.</b>		
<b>List any foods that need a change in texture. Please list the food and the subsequent required texture.</b>		
<b>Indicate any other comments about the child's eating or feeding patterns.</b>		
<b>Parent's Signature:</b>	<b>Date:</b>	
<b>Physician's Name:</b>	<b>Date:</b>	
<b>Physician's Signature:</b>	<b>Date:</b>	