



STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION

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EQUAL OPPORTUNITY EMPLOYER-EQUAL EDUCATION OPPORTUNITIES

Nicholas C. Donohue
Commissioner
Tel. 603-271-3144

SPECIAL MEALS PRESCRIPTION
CHILD NUTRITION PROGRAMS

NAME OF STUDENT: _____ DOB: _____

SPEDIS ID NO: _____ SCHOOL NAME: _____

Is student: Disabled [] Nondisabled [] (please check appropriate box.)

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/Feeding Prescription (check all that apply) [] Diabetic [] Reduced Calorie [] Increased Calorie [] Modified Texture
Other: (describe) _____

Foods Omitted and Substitutions
(check all that apply)

Table with 4 columns: I. Breads, Grains, Cereal; Omit; Food Preparation for Texture; Substitution. Rows include Bread/Rolls, Pasta, Rice, Waffles/French Toast/Pancakes, Taco Shells, Soft Tortillas, Crackers, Cereals, Other.

Table with 4 columns: II. Fruits and Vegetables; Omit; Food Preparation for Texture; Substitution. Rows include Raw, Canned, Potato, Other.

Table with 4 columns: III. Milk/Dairy Products; Omit; Food Preparation for Texture; Substitution. Rows include Milk, Yogurt, Cheese, IceCream/Frozen Desserts, Other.

IV. Meats/Protein Foods

Omit

Food Preparation for Texture

Substitution

_____ Meats	_____	_____	_____
_____ Nuts/Seeds	_____	_____	_____
_____ Eggs:	_____	_____	_____
_____ Canned/Dried Beans:	_____	_____	_____
_____ Other:	_____	_____	_____

V. Fats/ Sweeteners/ Sauces

Omit

Food Preparation for Texture

Substitution

_____ Sauces/Dressings:	_____	_____	_____
_____ Spreads:	_____	_____	_____
_____ Other:	_____	_____	_____

VI. Desserts

Omit

Food Preparation for Texture

Substitution

_____ Cakes:	_____	_____	_____
_____ Cookies	_____	_____	_____
_____ Puddings/Whips:	_____	_____	_____
_____ Jello:	_____	_____	_____
_____ Other:	_____	_____	_____

VII. Combination Foods

Omit

Food Preparation for Texture

Substitution

_____ Soups:	_____	_____	_____
_____ Lasagna, Chop Suey, Spaghetti	_____	_____	_____
_____ Pizza:	_____	_____	_____
_____ Other:	_____	_____	_____

VIII. Liquids

_____ Thickened Consistency:	_____ syrup	_____ nectar	_____ honey
_____ Thickeners:	_____		
_____ No Liquids Offered	_____		
_____ Special Feeding Utensils/Equipment:	_____		

IX. Other Information Regarding Diet (for SPED team)

_____ Safe Eating Plan In Place (See Modification Section of Individual Education Plan (IEP))	_____
_____ Stop Feeding When	_____
_____ Record:	_____
_____ Other:	_____

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's Signature	Office Phone Number	Date	Typed Name

_____	_____
Nutritionist	Feeding and Swallowing Specialist