

Evaluation Form for Student with Special Dietary Needs
 Flour Bluff Independent School District
 Nutrition Department



Student Name:		Age:
Parent Name:		Grade:
Address:		Phone #:
City:	State:	ZIP: Date:
Instructions: Please fill out this form and return in to the Nutrition Department at 2507 Waldron Rd, Corpus Christi, TX 78418. All students with special dietary needs must have this form signed by a recognized physician. Any information missing will not be considered valid.		
Does the child have a disability that requires special nutritional or feeding needs? If yes, please check yes and then describe the major life activities affected by the disability below.		Yes <input type="checkbox"/> No <input type="checkbox"/>
If the child is not disabled, does the child have special nutritional or feeding needs?		Yes <input type="checkbox"/> No <input type="checkbox"/>
List any dietary restrictions or special diets:		
List any allergies or food intolerances to avoid:		
List foods to be substituted (if any):		
If disabled, check the following boxes that would apply to needed change in texture: <input type="checkbox"/> Cut up or chopped into bit sized pieces. <input type="checkbox"/> Finely ground. <input type="checkbox"/> Pureed or blended. <input type="checkbox"/> All the above. <input type="checkbox"/> Other (Please describe):		
List any special equipment or utensils that are needed:		
Any other instructions we may need to know about the child's eating or feeding patterns:		
Parent's Signature:		Date:
Physician's Signature:		Date:
Director of Nutrition Signature:		Date: