



Brownsville Independent School District

Food & Nutrition Services

1900 Price Road • Brownsville, TX 78521

Office (956) 548-8450 • Email to: childnutrition@bisd.us



Eating and Feeding Evaluation: Children with Special Dietary Needs

PART A		
Student's Name:		Age:
Name of School:	Grade Level:	Classroom:
Does the Child have a Disability that requires diet/feeding modifications? If yes, please submit a Diet Prescription form signed by a licensed U. S. physician to the school nurse.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Child have special nutritional or feeding needs? If yes, the diet prescription Must specify exactly what the special needs are.		Yes <input type="checkbox"/> No <input type="checkbox"/>
If the Child is not disabled, does the child have special nutritional or feeding needs? If yes, a Diet Prescription form signed by a licensed U. S. physician is required.		Yes <input type="checkbox"/> No <input type="checkbox"/>
If the child does not require special meals, the parent can sign at the bottom of this form and return the form to the district Food & Nutrition Service Office.		
PART B		
List dietary restrictions and special diet ordered.		
List any food allergies and foods to avoid.		
List foods allowed for substitutions and/or feeding supplements.		
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All".		
Cut up or chopped into bite size pieces:		
Finely ground:		
Pureed or Blended:		
List any special preparation equipment or utensils needed.		
Indicate any other comments about the child's eating or feeding patterns.		
Parents Signature		Date:
Physician / Physician Asst. / Nurse Practitioner Signature		Date:

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