



Division of Students with Disabilities & English Language Learners



Student's Name (Last Name, First Name)	Menu	Accommodation to Menu	Medical Alerts/Allergy (Specify)	Supporting Documentation for Accommodation
Doe, John	<input checked="" type="checkbox"/> Special Needs Menu <input type="checkbox"/> Regular Menu	<input checked="" type="checkbox"/> Puree <input checked="" type="checkbox"/> Other Accommodation (describe): <i>Allow for additional liquids at breakfast and lunch for thickening</i>	Student with Dysphagia for solid foods and thin liquids. Unable to Chew. Puree foods only. Honey Thickened	<input checked="" type="checkbox"/> 504 Accommodation Plan <input checked="" type="checkbox"/> Physicians Prescription <input checked="" type="checkbox"/> IEP Management Needs <input type="checkbox"/> Functional Behavior Assessment (FBA)/Behavior Plan (BIP)
Smith, Jane	<input type="checkbox"/> Special Needs Menu <input checked="" type="checkbox"/> Regular Menu	<input type="checkbox"/> Puree <input checked="" type="checkbox"/> Other Accommodation (describe): <i>Provide lactose free meal option (i.e. beef ravioli, Tuna)</i>	Lactose Intolerance.	<input checked="" type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Physicians Prescription <input checked="" type="checkbox"/> IEP Management Needs <input type="checkbox"/> Functional Behavior Assessment (FBA)/Behavior Plan (BIP)
Hunt, Tom	<input type="checkbox"/> Special Needs Menu <input checked="" type="checkbox"/> Regular Menu	<input type="checkbox"/> Puree <input checked="" type="checkbox"/> Other Accommodation (describe): <i>Allow for a sandwich option</i>	Will not accept mixed textured foods (ravioli, lasagne)	<input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Physicians Prescription <input checked="" type="checkbox"/> IEP Management Needs <input type="checkbox"/> Functional Behavior Assessment (FBA)/Behavior Plan (BIP)

- This form is to be used for any student who requires an accommodation to the meals that are offered by food services on a daily basis
- In addition to filling out this form the team **MUST complete steps 1 and 2:**
 - 1) Insert a statement indicating your student's need for mealtime accommodations and how this impacts the academic success of the student in the **Academic achievement, social development or physical development section of the IEP.**
 - 2) Describe the specific accommodations needed in the **Management Needs section of the IEP**
- **Menu:** Indicate if the accommodation is being made to the regular menu or special needs menu
- **Accommodation to Menu:** Detail the specific accommodation needed from Food Services
- **Medical Alerts/Allergy:** Specify the medical alert or allergy for which this student requires this accommodation
- **Supporting Documentation for Accommodation:** Indicate which document/documents can be referred to as a reference for this accommodation

School/Site: _____ School Principal: _____ School Principal Signature: _____
 Updated: 4/2013



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SAMPLE