



Expect Excellence

School District of New Berlin

Eating and Feeding Evaluation: Children with Special Needs

PART A		
Child's Name	Age	
Name of Facility		
Does the child have a disability ? If Yes, describe the major life activities affected by the disability.	Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician .	Yes	No
If the child is not disabled , does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority .	Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the provider.		
PART B		
List any dietary restrictions or special diet.		
List any allergies or food intolerances to avoid.		
List foods to be substituted.		
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:		
List any special equipment or utensils that are needed.		
Indicate any other comments about the child's eating or feeding patterns.		
Parent's Signature	Date:	
Parent's Printed Name and Phone Number		
Physician or Medical Authority's Signature	Date:	
Physician or Medical Authority's Printed Name and Phone Number		

Return the completed **Eating and Feeding Evaluation form** with signatures from a licensed physician or medical authority to:
School District of New Berlin - School Nutrition
 4333 S Sunnyslope Road
 New Berlin WI 53151
 (262) 789-6219 Fax (262) 786-0512
 karen.wiese@nbexcellence.org