

## CHILDREN WITH DISABILITIES AND SPECIAL DIETARY RESTRICTIONS

### **A. Rehabilitation Act of 1973 and the Americans with Disabilities Act**

Under Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act Amendments Act (ADAAA)* of 2008, “a person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Please refer to these Acts for more information at <http://www.dol.gov/oasam/regs/statutes/sec504.htm> and <http://www.eeoc.gov/laws/statutes/adaaa.cfm>, respectively.

### **B. Individuals with Disabilities Education Act**

A child with a “disability” under Part B of the *Individuals with Disabilities Education Act (IDEA)* is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The IDEA can be found in its entirety at <http://nichcy.org/wp-content/uploads/docs/IDEA2004regulations.pdf>.

The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child's IEP, school officials need to make sure that school food service staff is involved early in decisions regarding special meals. A copy of the completed Dietary Request Form (page 2 of this document) must be kept on file to support any modifications made to students' meals, even if they are detailed in the IEP.

### **C. Medical Practitioner's Statement for Children with Disabilities**

U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a medical practitioner. The practitioner's statement must identify:

- the child's disability;
- an explanation of why the disability restricts the child's diet;
- the major life activity operation of a major bodily function affected by the disability; and
- the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

This form may be used to obtain the required information from the medical practitioner.

“Practitioner” is defined by Wisconsin State Statute 118.29(1) (e): “Practitioner” means any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state. Unless the documentation to support the required dietary accommodation has been signed by one of these practitioners, the school is not required to accommodate the request.

### **D. Other Special Dietary Needs**

School food service staff may make food substitutions, at their discretion, for individual children who do not have a disability. The school should have a completed Dietary Request Form (page 2 of this document) on file from any medical authority certifying the student as having a special medical or dietary need. Such determinations are only made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements.

For more information, please see the USDA guidance: *Accommodating Children with Special Needs: Guidance for School Food Service Staff* at [http://www.fns.usda.gov/cnd/Guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf).

## Dietary Request Form

Please read page 1 before completing this form.

Student's Name \_\_\_\_\_

Student's PIN/ID Number \_\_\_\_\_

Age\* \_\_\_\_\_

Name of School\* \_\_\_\_\_

Grade Level\* \_\_\_\_\_

Classroom\* \_\_\_\_\_

\*Please include information that is accurate as of the time of this form's submission.

1. Does the child have a disability according to 7 CFR Part 15d that requires accommodation? (Does he/she have "a physical or mental impairment which substantially limits one or more major life activities"?)

- No (Districts have the discretion as to whether non-disability requests will be accommodated.) <sup>See Section D, page 1</sup>
- Yes
- a) What is the disability? \_\_\_\_\_
- b) What major life activity is affected? \_\_\_\_\_
- c) How does the disability restrict the diet? \_\_\_\_\_

2. Please complete all of the sections below that are applicable to the child.

<b>Allergies and Celiac Disease</b>	What food(s)/type(s) of food should be omitted? Please be specific.
	List foods to be substituted. (Avoid specific brand names, if possible.)

<b>Diabetes Mellitus</b>	Please describe any modifications necessary to accommodate the child's needs.
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<b>Texture Modifications</b>	The child requires that all foods be: <ul style="list-style-type: none"> <li><input type="checkbox"/> Pureed</li> <li><input type="checkbox"/> Diced/finely ground</li> <li><input type="checkbox"/> Chopped/cut into bite-sized pieces</li> </ul>	Liquids should be: <ul style="list-style-type: none"> <li><input type="checkbox"/> Pudding thick</li> <li><input type="checkbox"/> Honey thick</li> <li><input type="checkbox"/> Nectar thick</li> <li><input type="checkbox"/> Thin/normal consistency</li> </ul>
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<b>Other</b>	What food(s)/type(s) of food should be omitted? Please be specific.
	List foods to be substituted.

3. Additional comments:

Parent's Signature _____	Date _____
Parent's Name (Please Print) _____	Phone Number _____

<u>Signature Below Required for Disabilities</u> <small>(See section C, page 1)</small>
Medical Practitioner's Signature & Date
Medical Practitioner's Name, Title, & Phone Number (Please Print)

<u>Signature Below Required for Non-Disabilities</u> <small>(See Section D, page 1)</small>
Medical Authority's Signature & Date
Medical Authority's Name, Title, & Phone Number (Please Print)

This institution is an equal opportunity provider.