



STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION

101 PLEASANT STREET, CONCORD, NH 03301
Citizens Service Line 1-800-339-9900 Fax 603-271-1953 TDD Access: 1-800-735-2964
EQUAL OPPORTUNITY EMPLOYER-EQUAL EDUCATION OPPORTUNITIES

Lyonel B. Tracy
Commissioner
Tel. 603-271-3144

Mary Heath
Deputy Commissioner
Tel. 603-271-7301

SPECIAL MEALS PRESCRIPTION
CHILD NUTRITION PROGRAMS

NAME OF STUDENT: _____ DOB: _____

SPEDIS ID NO: _____ SCHOOL NAME: _____

Is student: Disabled [] Nondisabled [] (please check appropriate box.)

Disability or medical condition that requires the student to have a special diet. Include a brief description of the major life activity affected by the student's disability.

Diet/Feeding Prescription (check all that apply) [] Diabetic [] Reduced Calorie [] Increased Calorie [] Modified Texture
Other: (describe) _____

Foods Omitted and Substitutions

(check all that apply)

I. Breads, Grains, Cereal

Table with 4 columns: Food Item, Omit, Food Preparation for Texture, Substitution. Rows include Bread/Rolls, Pasta, Rice, Waffles/French Toast/Pancakes, Taco Shells, Soft Tortillas, Crackers, Cereals, Other.

II. Fruits and Vegetables

Table with 4 columns: Food Item, Omit, Food Preparation for Texture, Substitution. Rows include Raw, Canned, Potato, Other.

III. Milk/Dairy Products

Table with 4 columns: Food Item, Omit, Food Preparation for Texture, Substitution. Rows include Milk, Yogurt, Cheese, IceCream/Frozen Desserts, Other.

IV. Meats/Protein Foods	Omit	Food Preparation for Texture	Substitution
_____ Meats	_____	_____	_____
_____ Nuts/Seeds	_____	_____	_____
_____ Eggs:	_____	_____	_____
_____ Canned/Dried Beans:	_____	_____	_____
_____ Other:	_____	_____	_____

V. Fats/ Sweeteners/ Sauces	Omit	Food Preparation for Texture	Substitution
_____ Sauces/Dressings:	_____	_____	_____
_____ Spreads:	_____	_____	_____
_____ Other:	_____	_____	_____

VI. Desserts	Omit	Food Preparation for Texture	Substitution
_____ Cakes:	_____	_____	_____
_____ Cookies	_____	_____	_____
_____ Puddings/Whips:	_____	_____	_____
_____ Jello:	_____	_____	_____
_____ Other:	_____	_____	_____

VII. Combination Foods	Omit	Food Preparation for Texture	Substitution
_____ Soups:	_____	_____	_____
_____ Lasagna, Chop Suey, Spaghetti	_____	_____	_____
_____ Pizza:	_____	_____	_____
_____ Other:	_____	_____	_____

VIII. Liquids

_____ Thickened Consistency: syrup nectar honey

_____ Thickeners: _____

_____ No Liquids Offered

_____ Special Feeding Utensils/Equipment: _____

IX. Other Information Regarding Diet (for SPED team)

_____ Safe Eating Plan In Place (See Modification Section of Individual Education Plan (IEP))

_____ Stop Feeding When _____

_____ Record: _____

_____ Other: _____

I certify that the above-named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

 Physician's Signature Office Phone Number Date Typed Name

 Nutritionist Feeding and Swallowing Specialist

Circle appropriate copy recipients

cc: Parents , Physician, Nutritionist, Oral Motor Specialist, Program Coordination-SMSB, Food Service Director, School Nurse, Principal