

Accommodating Students With Special Dietary Needs

The Manchester Board of Education believes that all students, through necessary accommodations, modifications or substitutions shall have the opportunity to participate fully in all school programs and activities. The Manchester School District is committed to making the necessary accommodations where required, based upon a physician's signed request, for all students with special dietary needs.

The Manchester Board of Education recognizes the United States Department of Agriculture's nondiscrimination regulation (7CFR 15b), as well as the regulations governing the National School Lunch and Breakfast Program, require substitutions or modifications in meals for children considered disabled under Section 504 or IDEA (Individuals with Disabilities Act), whose disabilities restrict their diet, when the need is certified by a licensed physician. The board recognizes that while accommodating each individual's request, it must maintain compliance with USDA Child Nutrition Division guidelines.

LEGAL REFERENCE

Americans with Disabilities Act (ADA)
Section 504 of the Rehabilitation Act of 1973
IDEA 2004
USDA 7 CFR 15b.3
CGS Sec. 10-221o
CGS Sec. 10-212c

Adopted: January 28, 2008

Accommodating Students With Special Dietary Needs - Administrative Guidelines

The Manchester Board of Education shall implement the following guidelines with the goal of meeting the needs of students' with dietary disabilities. The Connecticut State Department of Education Bureau of Health/nutrition, Family Services and Adult Education Guidance for Accommodating Special Dietary Needs published October 2007 may be used for further clarification.

1. The Manchester Board of Education believes that all students, through necessary modifications, accommodations, or substitutions shall have the opportunity to participate fully in all school programs and activities.
2. The district, in compliance with USDA Child Nutrition Division guidelines, will provide modifications, accommodations or substitute meals to students with disabilities based on the physician's signed written diet order or prescription.
3. Children with a disability may include the following situations. However, determination of a disability under 504 or IDEA is not the same as a physician's diagnosis of a severe medical condition that may require accommodation or modification.
 - a. Children who may be handicapped for purposes of Section 504 of the Rehabilitation Act of 1973 because of their special dietary needs
 - b. Children eligible for special education under the Individuals with Disabilities Education Act (IDEA) who have special dietary needs
 - c. Children with other special dietary needs
4. The school must have a written diet order or prescription from a licensed physician in order to provide any accommodations, modifications or substitutions. The written diet order or prescription must include:
 - a. The nature of the student's disability
 - b. The reasons why the disability prevents the student from eating the regular meal
 - c. Foods to be omitted from the student's diet
 - d. The specific diet prescription
 - e. The substitutions needed
5. This diet order or prescription should be maintained in the school health file maintained by the school nurse.
6. While the diet order or prescription is maintained in the Health file subject to FERPA, school food service staff that have a need to know may have access to the diet order information.
7. Meal service shall be provided in the most integrated setting appropriate to the needs of the student with a disability.
8. Meal service must maintain compliance with USDA Child Nutrition Division guidelines while accommodating each individual's request.

**Medical Statement for Children WITH Disabilities
Requiring Special Meals in Child Nutrition Programs**

Part I (To be filled out by School)

Date: _____ Name of Child: _____

School Attended by Child: _____

Part II (To be filled out by Licensed Physician*)

*A licensed physician is defined as a doctor of medicine or osteopathy.

Patient's Name: _____ Age: _____

Diagnosis: _____

Describe the patient's disability and the major life activity affected by the disability:

Does the disability restrict the individual's diet? Yes No

If yes, list food(s) to be **omitted** from the diet and food(s) to be **substituted** (Attach *specific* Diet Plan):

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____

Finely ground: _____

Pureed: _____

Special Equipment Needed: _____

Signature of Licensed Physician

Part III (To be filled out by Parent/Guardian)

I understand that the information on this document will be shared with school staff, as needed, in order to provide the necessary accommodations for my child.

Signature of Parent/Guardian

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**Medical Statement for Children WITHOUT Disabilities
Requiring Special Meals in Child Nutrition Programs**

Part I (To be filled out by School)

Date: _____ Name of Child: _____

School Attended by Child: _____

Part II (To be filled out by Recognized Medical Authority*)

*A "recognized medical authority" is a professional recognized by the State of Connecticut Department of Public Health and includes physicians, physician assistants, doctors of osteopathy, and advanced practice registered nurses (APRN).

Patient's Name: _____ Age: _____

Diagnosis: _____

Describe the medical or other special dietary needs that restrict the child's diet:

List food(s) to be **omitted** from the diet and food(s) to be **substituted** (Attach *specific* Diet Plan):

List foods that require a change in texture:

Cut up or chopped to bite-size pieces: _____

Finely ground: _____

Pureed: _____

Special Equipment Needed: _____

Date Signature of Recognized Medical Authority

Part III (To be filled out by Parent/Guardian)

I understand that the information on this document will be shared with school staff, as needed, in order to provide the necessary accommodations for my child.

Date Signature of Parent/Guardian

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