

December 2015

# Meeting Your Child's Special Dietary Needs at School



**Ohio Coalition for the Education of Children with Disabilities**

The Ohio Coalition for the Education of Children with Disabilities (OCECD) is a statewide, nonprofit organization that serves families of infants, toddlers, children and youth with disabilities in Ohio, and agencies who provide services to them. OCECD works through the coalition efforts of more than 35 parent and professional disability organizations which comprise the Coalition.

Established in 1972 and staffed primarily by parents of children and adults with disabilities, persons with disabilities, and education professionals, the Coalition's mission is to ensure that every Ohio child with special needs receives a free, appropriate, public education in the least restrictive environment to enable that child to reach his/her highest potential. Throughout Ohio, the Coalition's services reach families of children and youth, birth through twenty-six, with all disabilities.

OCECD's programs help parents become informed and effective representatives for their children in all educational settings. In addition, youth are assisted to advocate for themselves. Through knowledge about laws, resources, rights and responsibilities, families are better able to work with agencies to ensure that appropriate services are received for the benefit of their sons and daughters.



## OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES

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## **Introduction**

All school districts have children attending who have special dietary needs due to a disability or a food allergy or intolerance. In order for these children to attend school, their dietary needs must be addressed since they are unable to eat meals prepared for the general student population. There is federal legislation which provides guidance regarding meeting the nutritional needs of children. Both parents/guardians and school districts must work cooperatively in order to address special dietary needs.

## **Legislation**

A child with special dietary needs may be protected from discrimination under federal legislation, such as, the Americans with Disabilities Act – Title II, Section 504 of the Rehabilitation Act of 1973, and the Individuals with Disabilities Education Act (IDEA) 2004. The U.S. Department of Agriculture’s (USDA) nondiscrimination regulation (7 CFR 15b) also addresses accommodations for children with disabilities with special dietary needs. In addition to federal legislation, there are state policies and procedures that provide guidance to school districts in addressing the nutritional needs of children while at school.

***The Americans with Disabilities Act (ADA) – Title II*** was enacted in 1990 and amended in 2008. This law prohibits discrimination against qualified individuals with disabilities in state and local government programs and services, including public schools. School districts receiving federal financial assistance, such as the reimbursement that is received under the school meal program, are required to comply with Title II requirements.

***Section 504 of the Rehabilitation Act of 1973*** requirements are very similar to ADA-Title II requirements. Section 504 also protects the civil rights of individuals with disabilities from discrimination in programs and activities that receive federal funds. Public schools receiving federal financial assistance of any kind are required to make accommodations to enable students with disabilities to participate in the child nutrition program.

***The Individuals with Disabilities Education Improvement Act (IDEA) 2004*** is a federal educational grant program which provides financial assistance to states in the provision of special education and related services to students identified with a disability. Both Section 504 and IDEA require that educational and related services, including medically prescribed meal substitutions, must be provided at no extra cost to parents if a child is receiving services under either of these programs. In appropriate situations, nutrition services may be specified as special education (specially designed instruction, to meet a child’s unique needs) or a related service (support services required to assist a child with a disability to benefit from special education). For children on an IEP or 504 Plan, addressing nutritional needs may be a part of receiving a free appropriate public education (FAPE).

***The USDA’s Nondiscrimination Regulation (7 CFR 15b)*** and regulations governing the National School Lunch Program and School Breakfast Program also require accommodations for children with disabilities when a licensed physician certifies the need. Additionally, Ohio state policies and procedures address the requirement for a lunch period and a management plan for life-threatening food allergies, as well as numerous standards regarding school health services and non-discrimination policies in regards to children with disabilities.

The USDA Food and Nutrition Service states in their manual, Accommodating Children with Special Dietary Needs in the School Nutrition Programs, that “A growing body of Federal law clearly intends that children with disabilities have the same rights and privileges, and the same access to benefits, such as school meals, as children without disabilities. Consequently, schools which do not make appropriate program accommodations for children with disabilities, could be found in violation of Federal civil rights laws.”



## **Children Who May Have Special Dietary Needs**

### ***Children with a Disability on an Individualized Education Program (IEP)***

Under the Individuals with Disabilities Education Act (IDEA), the term “disability” refers to specified physical, mental, emotional, or sensory impairments which adversely affect a child’s educational performance. Thirteen IDEA disability categories, which establish a child’s need for special education and related services, include:

1. Autism
2. Intellectual Disability
3. Deaf-blindness (D/B)
4. Deafness
5. Emotional Disturbance (ED)
6. Hearing Impairment (HI)
7. Multiple Disabilities (MD)
8. Orthopedic Impairment (OI)
9. Other Health Impairment (OHI)
10. Specific Learning Disability (SLD)
11. Speech or Language Impairment
12. Traumatic Brain Injury (TBI)
13. Visual Impairment (VI)



### ***Children with a Disability on a Section 504 Plan***

Under Section 504 of the Rehabilitation Act, a “person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment. The term “physical or mental impairment” includes, but is not limited to, orthopedic, visual, speech, hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, phenylketonuria (PKU), food anaphylaxis, mental retardation, emotional illness, drug addiction, and alcoholism. Major life activities covered by this definition include, but are not limited to, caring for one’s self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

### ***Non-disabled Children with Food Allergies, Intolerances, and Other Conditions***

A child with food allergies or food intolerances may or may not be considered to be a child with a disability under IDEA or Section 504. A food allergy results in hypersensitivity from an abnormal response of the body's immune system to food or food additives that would otherwise be considered harmless. At times, a food allergy can be so severe that it may result in a life-threatening condition known as anaphylaxis or an anaphylactic reaction. In this instance, the child's condition would meet the definition of "disability". Food intolerance, on the other hand, is an adverse food-induced reaction that does not involve the body's immune system. Lactose intolerance is one example of food intolerance.

Non-disabled children with non-life threatening food allergies, intolerances, and less severe medical conditions, also may have their special dietary needs accommodated by the school district, although the school district is not mandated to do so. In these instances, a school district along with the parent/guardian may develop a written **Individualized Health Plan** to document the child's special dietary needs and how those needs will be accommodated. However, a child without a disability on an Individualized Health Plan would not be eligible for *special education services* through the school district.



## **Parent's Responsibilities**

### ***Provide a Written Prescription***

It is generally the responsibility of the parent/guardian to make the school district aware of the child's special dietary needs by presenting a written statement from a licensed physician or medical authority. According to the USDA regulations 7 CFR Part 15b, the content of the written prescription varies with the individual child's status.

### **For children with a disability, a serious medical condition, or a life-threatening (anaphylactic) food allergy:**

The written statement must be signed by a licensed physician, such as, a medical doctor (M.D.) or doctor of osteopathy (D.O). The statement must:

- Identify the child's disability;
- Provide an explanation of why the disability restricts the child's diet;
- Identify the major life activity affected by the disability; and,
- Document the food or foods to be omitted from the child's diet, and the food or choices of foods that must be substituted.

For children who have a need for a modified texture, such as, chopped, ground, or pureed foods, it is helpful if this also is outlined in the physician's statement. Without a written prescription from a licensed physician, the school district is not obligated to provide food substitutions or modifications to the child's school meal.

### **For children with less severe medical conditions not considered to be a disability and children with non-life-threatening food allergies:**

The written statement may be signed by a licensed physician (M.D. or D.O), or other medical authority, such as, a physician assistant, nurse practitioner, nutritionist, or dietician. The statement must:

- Identify the medical or other special dietary condition which restricts the child's diet;
- Document the food or foods to be omitted from the child's diet; and,
- Identify the food or choice of foods to be used as substitutions.



The school district must have a written statement from a licensed physician or medical authority in order to provide food substitutions or modifications. Parents should check with the school district to determine if the district has a standardized form for medical providers to complete for children with special dietary needs. (See sample written prescription forms on pages 31 and 32.)

### ***Notify the School District of Dietary Changes***

Whenever the child's dietary needs change, it is essential that the parent immediately notify the school district **in writing**. Under no circumstances may school food service personnel revise or change a diet prescription or medical order. Some school districts may require diet orders to be updated at periodic intervals. Parents may check with their school district to verify if the district has a written plan for addressing special dietary accommodations.

### ***Provide Current Contact Information***

It is important for the parent to provide the school district with current contact information for themselves, and/or their designee should an emergency occur with the child. Changes to the home phone number, cell phone, or pager numbers must be reported to the school district immediately.



## School District's Responsibilities

### *Make the Determination to Accommodate the Child's Special Dietary Needs*

When the school district receives a written dietary prescription from a licensed physician or medical authority, the district must make a decision about whether or not to accommodate a child's special dietary needs. If the child's need is related to a medical condition which is considered a “**disability**” under Section 504 of the Rehabilitation Act or IDEA, the school district **must** make the requested accommodations. For less serious medical conditions which do not qualify as a “disability” under Section 504 or IDEA, the school district may make decisions on a case-by-case basis, i.e., the school district **may, but is not required to**, make food substitutions. When dealing with **food allergies and intolerances**, the school district must first determine if the food allergy or intolerance has been documented by a licensed physician as being a potentially life-threatening condition. If a licensed physician documents that a child's food allergy or intolerance may result in a life-threatening, anaphylactic reaction, the school district **must** accommodate the child's special dietary needs. On the other hand, if the food allergy or intolerance is not life-threatening, the school district **may, but is not required to**, make food substitutions for the child.

### School District's Response to Request for Dietary Accommodations

Disability under IDEA or Section 504	Must accommodate special dietary need
No disability under IDEA or Section 504 – less severe medical condition	May accommodate special dietary need
Life-threatening food allergy	Must accommodate special dietary need
Non-life-threatening food allergy	May accommodate special dietary need

### *Dietary Substitutions and Accommodations*

The school district is required to make dietary substitutions or accommodations based on the prescription written by the licensed physician or medical authority for children identified as “disabled” or with a life-threatening food allergy. The school district is not required to provide meal service to children with disabilities when meal service is not available to students without disabilities, unless a meal service is included in the child's

Individualized Education Program (IEP). For example, if a child with a disability requires a mid-morning snack, but other children do not receive a snack, the school district does not have to provide the mid morning snack unless it is documented in the child’s IEP or 504 Plan.

### ***Price of Meals and Food Preparation Equipment***

Children with disabilities or with certified special dietary needs requiring meal modifications cannot be charged more for their meals than other children. If the child qualifies for a free or reduced-price meal, the charge for a modified meal must be the same as the charge would be for a regular meal without modifications. If a child requires a diet with a modified texture such as chopped, ground, or pureed, the school district might, but is not required to, purchase a blender or food processor, as well as, have dietary personnel prepare the food for the child with the special dietary need.



### ***Provision of Appropriate Eating Areas and Least Restrictive Environment (LRE)***

Federal legislation including Section 504, IDEA, and ADA, as well as, the *Operating Standards for Ohio Educational Agencies Serving Children with Disabilities*, require that children with disabilities are placed in the “least restrictive environment” allowing them to participate with students without disabilities to the **maximum extent appropriate**. This provision applies not only to academic areas, but also to nonacademic areas and extracurricular activities, including meals and recess periods. This means that a child with a disability never should receive meals in a separate facility or area, *unless* it benefits the child’s unique needs. For example, a child may eat in an area separate from the other students in order to work with an occupational therapist to develop or to refine self-feeding skills. Children never should be separated from their typical peers to meet their nutritional needs for the convenience of the school district or other children.

The school district also has responsibilities regarding a child’s dietary needs during extracurricular activities and field trips. For example, a child never should be excluded from a field trip due to their special dietary needs. The

school district must make arrangements for trained personnel to meet the child's dietary needs during the field trip or extracurricular activity. It cannot be mandated by the school district that a parent or family member be present to feed the child in order for the child to participate. However, it should be noted that field trips must be chosen carefully, particularly in the case of the child with food allergies, so as not to endanger the child. For example, a child with a severe allergy to almonds should not participate in a field trip where the child might be exposed to tree nuts.

### ***Specially Trained Personnel***

Children with special dietary needs also may require assistance with feeding. It is the school district's responsibility to determine who will feed the child and to verify that the person assisting the child is trained. For example, a child needing tube feedings may require the assistance of the school nurse or a specially trained aide to administer the tube feeding. The team, as described on page 12, should discuss what specific personnel will be trained and who will train them. A contingency plan for when the regular personnel are unavailable also should be developed and documented in the IEP. In some instances, depending on the child's medical condition, it may be essential to write an Emergency Response Plan. For example, a child with a severe peanut allergy might be at risk for an anaphylactic reaction. It is critical that a detailed Emergency Response Plan be documented in the child's IEP, Section 504 Plan, or Individualized Health Plan to manage any potentially fatal events.



### ***Parent-Provided Foods***

In general, when the school district is accommodating a child's specialized dietary needs, it is the school district's responsibility to provide the necessary food, including formula for tube feedings as prescribed by a licensed physician. However, there may be instances when a parent prefers to provide the specialized diet for their child. Since food service personnel may be requested to store, heat, or serve food sent by the parent, this may create liability concerns for the school district due to uncertainty about how the food was handled prior to its arrival at school. The school district and parent may write an agreement which permits the parent to provide their child's food. If the school has concerns about the safety of parent-provided foods, questions should be presented to and addressed by the local health department. The Ohio Department of Education, Office of Safety, Health, and Nutrition may be contacted about specific responsibilities regarding the provision of food for a child with specialized dietary needs.



## Special Dietary Needs in the IEP, Section 504 Plan, or Individualized Health Plan

In order to address special dietary needs of children on an IEP, Section 504 Plan, or Individualized Health Plan, it is important that a **team approach** be used, and for the parent to supply pertinent information about the child's dietary needs to the school district. Prior to the meeting to discuss the child's nutritional needs, the parent and the school district should consider which individuals to invite to the meeting. The school nurse, occupational therapist, food service personnel, dietician, classroom teacher or aide may need to attend in order to fully address the child's unique nutritional needs. Consideration also may be given to including the child with the special dietary need as a member of the team. It is imperative that a child's special dietary needs be well-documented in the IEP, Section 504 Plan, or Individualized Health Plan. A clearly written plan minimizes the possibility of misunderstandings, or endangering the child.

### **3** PROFILE

CHILD'S PROFILE:

### *Documenting Dietary Needs in the IEP*

In the case of a child on an IEP, information about the child's nutritional needs may be documented in several sections of the IEP form:

**Section 3 “Profile”** - The Profile section of the IEP form allows the opportunity to summarize information about the child, including the concerns of the parent, as well as, relevant medical and safety information. The team may consider documenting the child's special dietary needs or the parent's concerns about the child's nutritional status. A parent's request for notification about specific nutritional issues and their preferred method of being contacted also may be documented in the Profile section of the IEP.

**Section 6 “Measureable Annual Goals”** - If the IEP team determines nutritional goals are needed, nutritional goals along with short term objectives or benchmarks must be written to address a child's dietary needs.

N.S. Wellmann notes in Feeding for the Future: Exceptional Nutrition in the IEP – A Guide to Self-Feeding for Teachers, Parents, and Caregivers of Children with Special Needs, that goals and objectives might be considered in the following areas:

- To develop or refine self-feeding skills
- To improve oral motor function related to eating/lip closure
- To improve mealtime behaviors
- To identify and communicate nutritional needs
- To improve food preparation and mealtime skills
- To improve growth rates
- To maintain lab data within normal limits

The IEP team must consider the child's strengths, weaknesses, and unique needs in order to develop functional goals that will enable the child to gain the necessary nutritional skills. Like all IEP goals, nutritional goals **must be written in measureable terms** in order to document if the child is making progress toward achieving these goals.

The following are sample nutritional goals and objectives:

***During lunch and snack time, Susie will independently hold and drink from a standard 6 to 8 ounce cup, without spilling or choking on thin liquids in 3 out of 3 trials, by June 1, 2014.***

*Objective #1: Susie will drink 5 sips of thickened liquid from a cut-out cup in 2 out of 3 trials.*

*Objective #2: Susie will drink 5 sips of thin liquid from a cut-out cup in 2 out of 3 trials.*

*Objective #3: Susie will maintain lip closure around a standard cup to drink 3 to 4 ounces of thin liquid without spilling liquid in 3 out of 4 trials.*

***During lunch at school, Manuel will carry his tray with food and utensils, select his seat, and dispose of his eating utensils when he completes his meal without prompts, in 2 out of 3 trials, by June, 1, 2014.***

*Objective #1: Manuel will use both hands to carry a prepared tray with his food and provided utensils from the cash register to his seat in 2 out of 3 trials.*

*Objective #2: Manuel will locate and sit in a seat within his designated eating area in the school cafeteria in 2 out of 3 trials.*

*Objective #3: Manuel will dispose of his tray, paper products, and utensils in designated receptacles without dropping his tray or related items, in 2 out of 3 trials.*

**Section 7 “Description(s) of Specially Designed Services”** - The grid in Section 7 of the IEP form should list all the types of supports and services that are to be provided to the child with a disability. When a child has nutritional needs, it is important to document the nutritional services and supports in this section of the IEP. There are several subsections under Section 7 of the IEP form where nutritional supports and services may be documented. The subsections are as follows:



- **Specially Designed Instruction** includes the content, methodology, or the delivery of instruction that is provided to the child to meet the child’s unique needs. Any specially designed instruction in the area of nutrition must be documented. It is important to complete the specially designed instruction grid in Section 7 by identifying all of the details about the instruction. Grid items may include the dates the specially designed instruction will be provided, how much time will be spent, what the frequency of the instruction will be, who will teach it, and the physical location of the child when the instruction takes place.

Below is an example of how **Specially Designed Instruction** may be documented in **Section 7** of the IEP form:

TYPE OF SERVICE		GOAL(s) ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICES
<b>Specially Designed Instruction:</b>				
Nutrition Training		#3	Health Education Teacher	Resource Room
Begin: 9-1-13	End: 8-31-14	Amount of Time: 40 minutes		Frequency: Weekly

- **Related Services** refers to the services a child with a disability needs to benefit from special education. Regarding a nutritional need, related services might include occupational therapy, speech therapy, school health services, or school nurse services. For example, an occupational therapist might work with the child to learn self-feeding skills. A speech therapist might work on lip closure techniques and swallowing. If the child’s nutritional needs require related services, the related services must be documented in this section of the IEP form.

Below is an example of how **Related Services** may be documented in **Section 7** of the IEP form:

TYPE OF SERVICE		GOAL(S) ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICES
<b>Related Services:</b>				
Occupational Therapy		#4	Occupational Therapist	OT Room, Cafeteria
Begin: 9/1/13	End: 8/31/14	Amount of Time: 20 minutes		Frequency: Weekly

- **Assistive Technology (AT)** devices are any items, pieces of equipment, or product systems that are used to increase, maintain, or improve the functional capabilities of a child with a disability. For example, modified eating utensils or motorized-feeding devices, which increase the child's independence while eating, etc., may be listed as assistive technology.

Below is an example of how **Assistive Technology** may be documented in **Section 7** of the IEP form: (Note: AT does not have to be tied to a goal)

TYPE OF SERVICE		GOAL(S) ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICES
<b>Assistive Technology:</b>				
T-Handle Mug, Utensil Strap			OTA/Classroom Aide	Cafeteria & classroom
Begin: 9/1/13	End: 8/31/14	Amount of Time: Unlimited		Frequency: All meals & snacks

- **Accommodations** are changes that may be made by the school district that allow children with disabilities to participate with their peers or classmates. For example, a child with a disability may need the supervision or the assistance of an aide, in order for the child to eat in the school cafeteria with his or her non-disabled peers. This would be considered a nutritional accommodation. An altered consistency of food, such as, chopped, ground, or pureed, also might be considered an accommodation.

Below is an example of how **Accommodations** may be documented in **Section 7** of the IEP form:

TYPE OF SERVICE		GOAL(S) ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICES
<b>Accommodations:</b>				
Pureed diet			Cafeteria Staff School Dietician	Cafeteria/Classroom
Begin: 9/1/13	End: 8/31/14	Amount of Time:		Frequency: Daily – All Meals
One-on-one aide assistance when eating			Classroom Aide	Cafeteria/classroom
Begin: 9/1/13	End: 8/31/14	Amount of Time:		Frequency:

- **Support for School Personnel** is the section that documents supports that are needed to assist in implementing a child’s IEP. Supports might include an aide, training, resource material, equipment, or consultation with other professionals. For the child with special dietary needs, specific training may be needed for an aide to safely feed the child, or a nurse might need instruction on how to operate a specialized feeding device. The teacher of a child with diabetes may need instruction on how to recognize when the child is experiencing high or low blood sugars. These types of training are documented in the Support for School Personnel section. The IEP team must consider safety precautions for conditions, such as, choking, swallowing, and/or allergic reactions and document the needed precautions in the child’s IEP.

Below is an example of how **Support for School Personnel** may be documented in **Section 7** of the IEP form:

TYPE OF SERVICE		GOAL(s) ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICES
<b>Support for School Personnel:</b>				
Teacher/teacher's aide/nurse consult to teach signs & symptoms of high & low blood sugar			School Nurse	
Begin: 8/25/14	End: 9/1/14	Amount of Time: 60 minutes		Frequency: One time
Aide & substitute dietary aide to be trained in feeding techniques			Occupational Therapist	
Begin: 8/25/14	End: 9/1/14	Amount of Time:		Frequency: As needed

- Services to Support Medical Needs** includes all services the child needs in order to receive a free appropriate public education. The child with cerebral palsy might require nutrition via tube feeding. A child with diabetes may require monitoring of blood sugar levels or the administration of Insulin. A detailed contingency plan for meeting the child's unique nutritional needs, when regular support personnel are unavailable, also should be considered by the IEP team, and documented in this section of the IEP.

Below is an example of how **Services to Support Medical Needs** may be documented in **Section 7** of the IEP:

TYPE OF SERVICE		GOAL(s) ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICES
<b>Services to support medical needs:</b>				
Continuous G-tube feeding			School nurse	
Begin: 9/1/13	End: 8/31/14	Amount of Time:		Frequency:
Blood glucose monitoring			School nurse	
Begin: 9/1/13	End: 8/31/14	Amount of Time:		Frequency: Before lunch; after gym class

**Section 11, Least Restrictive Environment (LRE)** refers to where the child will receive services. As discussed previously, legislation supports allowing children with disabilities to participate with children without disabilities to the maximum extent appropriate. This least restrictive environment concept applies to where the child eats lunch. If a child with a disability can eat in the regular cafeteria with the proper supports and services, the regular cafeteria would be the least restrictive environment for this child. Documentation can be made in Section 11 of the IEP as to where the child physically will be during lunch.

## **11** LEAST RESTRICTIVE ENVIRONMENT

Does this child attend the school (or for a preschool-age child, participate in the environment) he/she would attend if not disabled? YES  NO

Does this child receive all special education services with nondisabled peers? YES  NO

If no, justify (justification may not be solely because of needed modifications in the general curriculum):

There are many ways to document a child’s nutritional needs in the IEP. However, the most important point is to get the child’s special dietary needs and the plan for meeting them, thoroughly documented **in writing** in the IEP. Remember, the IEP is the “contract” which outlines the services the school district has agreed to provide the child with a disability for the time period for which the IEP is in effect. If a child has special dietary needs, it is crucial that they be addressed in the “contract”.

### ***Documenting Dietary needs in Section 504 Accommodation Plans and Individualized Health Plans***

Section 504 Accommodation Plans and Individualized Health Plans, unlike the IEP, do not have standardized forms. The forms used may vary from school district to school district. Regardless of what form is used, it is

essential to be very specific and to spell-out the child's needs and the plan for addressing them. Some organizations, such as, the American Diabetes Association have samples of 504 Plans that give suggestions for developing a 504 Plan for a child with that medical condition. It may be helpful to check with the national organization which provides information about your child's specific disability for sample plans.

## Summary

Whether it be in an IEP, Section 504 Plan, or Individualized Health Plan, it is essential that a child's special dietary needs are clearly identified and well documented in a written plan. This is important not only for the well-being of the child, but also for the protection of the school district. When parents and the school district work as a team, a child with special dietary needs is able to attend school in a safe and healthy environment.

This overview is written to increase your understanding of your rights and responsibilities regarding your child's special dietary needs at school. However, this guide is not intended to address specific needs that may be unique to your child. Please note that OCECD is not a legal services agency and cannot provide legal advice or legal representation.

For answers to your individualized questions, you may contact the **Office of Safety, Health, and Nutrition at the Ohio Department of Education at (800) 808-6325 or (614) 466-2945.**



## **Situations & Responses**

**The following situations and responses were taken from the United States Department of Agriculture Guidance Document, Accommodating Children with Special Dietary Needs in the School Nutrition Programs.**

The examples are given by the USDA to provide practical guidelines about how a child's special dietary needs might be addressed by the school district. It is important to note that, in the event a student's IEP or Section 504 Plan includes nutritional requirements or components, the school must make the accommodations agreed upon in the plan. The examples given are only generalizations. If your child's individual circumstances vary from the stated examples, you are encouraged to contact the Ohio Department of Education, Office of Safety, Health, and Nutrition for further assistance.

### **Children with Disabilities**

#### **Situation #1 – Meals outside of normal meal service**

A child with a disability must have a full breakfast each morning. Is the school food service required to provide a breakfast for this child even though a breakfast program is not available for the general school population?

#### **Response:**

The school food service is not required to provide services and meals to children with disabilities that are not otherwise available to children who are not disabled. If the school does not have a breakfast program already, it does not need to initiate a program exclusively for children with disabilities.

**However**, if the IEP states that a child receive a breakfast at school, the school must provide the service, and may choose to have the school food service handle the responsibility.

Another exception to the general rule concerns a child with a disability who resides in a residential child care institution (RCCI), such as, a juvenile correction facility and requires special food service. In the case of RCCI, the institution serves as the child's home and the child would have no other

recourse for meals. The RCCI, therefore, must provide the child a full breakfast, if this is specified in the licensed physician's statement or in the IEP.

**Situation #2 – Increased portion sizes**

A licensed physician has prescribed portion sizes that exceed the minimum quantity requirements set forth in the regulations. Is the school required to provide these additional quantities?

**Response:**

Yes. The school must provide the child food portions which exceed the minimum quantity requirements, if specifically prescribed in the licensed physician's statement.

**Situation #3 – Complicated feedings**

A child with a disability is on a number of medications. The physician's statement is well defined and includes menus with specific foods. If a situation arises where specific foods are out of stock, should school food service make substitutions on an "as necessary" basis?

**Response:**

No. School food service staff cannot decide what substitutions are appropriate for a given child. Food service staff cannot choose the substitutions themselves because a child may be on a specific medication which could interact in a negative way with a particular food item.

Ideally, a list of appropriate substitutions should accompany the menus and the foods should be on hand on a regular basis. If such a list is not available, school food service staff must ask parents to obtain from the child's physician (or the individual who planned the child's menus) a list of those foods that may be substituted.



#### **Situation #4 – Life-threatening food allergies**

A child has a life-threatening allergy which causes an anaphylactic reaction to peanuts. The slightest contact with peanuts or peanut derivatives, usually peanut oil, could be fatal. To what lengths must the food service go to accommodate the child? Is it sufficient for the school food service to merely avoid obvious foods, such as peanut butter, or must school food service staff research every ingredient and additive in processed foods or regularly post all of the ingredients used in recipes?

#### **Response:**

The school has the responsibility to provide a safe, non-allergic meal to the child, if it is determined that the condition is disabling. To do so, school food service staff must make sure that all food items offered to the child meet prescribed guidelines and are free of foods which are suspected of causing allergic reactions.

This means that the food labels or specifications will need to be checked to ensure that they do not contain traces of allergy causing substances. In some cases, the labels will provide enough information to make a reasonable judgment possible. If labels do not provide enough information, it is the responsibility of the school food service to obtain the necessary information to ensure that no allergic substances are present in the foods served.

In some cases, it may be necessary to contact the supplier or the manufacturer or to check with the State agency. Private organizations, such as, the Food Allergy and Anaphylaxis Network also may be consulted for information and advice. It is also wise to check with parents about certain foods and even provide them with advance copies of menus.

The general rule in these situations is to exercise caution at all times. Do not serve foods to children at risk for anaphylactic reactions, if you do not know what is in those foods. It is important to recognize that a child may be provided a meal which is equivalent to the meal served to other children, but not necessarily the same meal.

## **Children with Temporary Disabilities**

### **Situation #1 – Temporary disabilities**

A child was involved in an accident and underwent major oral surgery. As a result, the child will be unable to consume food for a period of time unless the texture is modified. Is the school obligated to make this accommodation even though the child will not be permanently disabled?

#### **Response:**

A child whose disability restricts their diet must be provided substitutions or modifications to foods regardless of the duration of the disability.

## **Children without Disabilities**

### **Situation #1 – Request for Vegetarian Diets**

A child's parents have requested that the school prepare a strict vegetarian diet for their child based on a statement from a health food store "nutrition advisor" who is not a licensed physician. Must the school comply with this request?

#### **Response:**

No. The school is responsible only for accommodating those conditions meeting the definition of disability as described in 7CFR Part 15b. Schools are not required to make food substitutions based on food choices of a family or child.

### **Situation #2 – Less Severe Medical Conditions**

A child has a health condition that does not meet the definition of "disability" set forth in the legislation and regulations. For example, the child is overweight (but not "morbidly" so), or the child has elevated blood cholesterol. Is the school obligated to accommodate the special dietary needs of this child?

**Response:**

The school may make substitutions for children who are not considered to be disabled, but who should avoid certain foods. However, the school is not required to do so. When the school does elect to accommodate children without disabilities, it must have a supporting statement, signed by a recognized medical authority on file.

In most cases, the dietary needs of such children can be accommodated at the food service site in schools and institutions where a variety of nutritious foods are available for individual choice. In addition, the “offer versus serve” provision which allows students the option to decline one or two foods in the normal (reimbursable) school meal may be of assistance in accommodating an individual’s particular diet.



## **References and Resources**

*Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff.* U.S. Department of Agriculture, Revised Fall 2001.

*Accommodating Special Dietary Needs: Guidance for School Nutrition Programs.* Connecticut State Department of Education, October 2007.

*Americans with Disabilities Act Amendments Act, 2008.*

*Americans with Disabilities Act, Title II, 1990.*

*Feeding for the Future: Exceptional Nutrition in the IEP – A Guide to Self-Feeding for Teachers, Parents, and Caregivers of Children with Special Needs.* N. S. Wellmann, et al. Florida Department of Education, 1995.

*Guidelines for Managing Life-threatening Food Allergies in Illinois Schools,* Illinois State Board of Education and Illinois Department of Public Health, 2010.

*Helping the Student with Diabetes Succeed: A Guide for School Personnel.* U.S. Department of Health and Human Services, June 2003.

*Individuals with Disabilities Education Improvement Act of 2004 (IDEA) Laws and Regulations:* <http://idea.ed.gov>

*Managing Life Threatening Food Allergies in Schools.* Massachusetts Department of Education, 2002.

*Ohio Department of Education, Office for Exceptional Children (ODE/OEC).*

*Ohio Department of Education, Office of Safety, Health, and Nutrition.*

*Operating Standards for Ohio Educational Agencies Serving Children with Disabilities, 2008.*

*Revised Annotations for the IEP PR-07 Form,* Ohio Department of Education, Office for Exceptional Children, Revised September 2010.

*Section 504 of the Rehabilitation Act of 1973.*

*USDA's Nondiscrimination Regulation (7 CFR 15b), January 18, 1991.*

## **Websites**

American Academy of Allergy, Asthma and Immunology: <http://www.aaaai.org>

American Academy of Pediatrics: <http://www.aap.org>

American Association of Kidney Patients, Inc. (AAKP): <http://www.aakp.org>

American Cancer Society: <http://www.cancer.org>

American Diabetes Association: <http://www.diabetes.org> (See Living with Diabetes – For Parents & Kids)

American Dietetic Association: <http://www.eatright.org>

American Heart Association: <http://www.americanheart.org>

Autism Society of America: <http://www.autism-society.org>

Celiac Disease Foundation: <http://www.celiac.org>

Children with Diabetes, sample IEP & 504 plans:  
<http://www.childrenwithdiabetes.com/504/index.htm>

Crohn's and Colitis Foundation of America, Inc.: <http://www.ccfa.org>

Food Allergy and Anaphylaxis Network: <http://www.foodallergy.org/school.html>

Healthy School Meals Resource System: <http://www.healthymeals.nal.usda.gov/>

Helping the Student with Diabetes Succeed, A Guide for School Personnel:  
[http://www.ndep.nih.gov/media/youth\\_schoolguide.pdf](http://www.ndep.nih.gov/media/youth_schoolguide.pdf)

Individuals with Disabilities Education Improvement Act of 2004 (IDEA) Laws and regulations: <http://idea.ed.gov>

Juvenile Diabetes Research Foundation International: <http://www.jdrf.org> (See “Life with Diabetes”)

Muscular Dystrophy Association of America: <http://www.mdausa.org>

National Cystic Fibrosis Foundation: <http://www.cff.org>

National Food Service Management Institute, University of Mississippi:  
<http://www.nfsmi.org>

National Institute of Diabetes & Digestive & Kidney Diseases:  
<http://www.diabetes.niddk.nih.gov/>

National Digestive Diseases Information Clearinghouse:  
<http://www.digestive.niddk.nih.gov>

Ohio Department of Education, Office of Exceptional Children: <http://ode.state.oh.us>

Operating Standards for Ohio Educational Agencies Serving Children with Disabilities:  
<http://www.edresourcesohio.org> (Select “Operating Standards)

U.S. Department of Education Office of Special Education Programs (Resources and Information on IDEA): <http://www.ed.gov/about/offices/list/osers/osep/index.html>

U.S. Department of Education Office of Civil Rights: (How to file a complaint)  
<http://www2.ed.gov/about/offices/list/ocr/docs/howto.html>

USDA National Agricultural Library, Food & Nutrition Service: <http://www.usda.gov>



**SAMPLE A**

**Medical Statement for a Child with a Disability with Special Dietary Needs**

(To be completed by a licensed physician, i.e., doctor of medicine or osteopathy)

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's disability: \_\_\_\_\_

\_\_\_\_\_

Provide an explanation of why the disability restricts the child's diet:

\_\_\_\_\_

\_\_\_\_\_

Identify the major life activity affected by the disability:

\_\_\_\_\_

\_\_\_\_\_

List the food or foods to be omitted from the child's diet:

\_\_\_\_\_

\_\_\_\_\_

Identify the food or choices of foods to be substituted:

\_\_\_\_\_

\_\_\_\_\_

List food(s) that require texture modifications:

Cut or chopped to bite-size pieces: \_\_\_\_\_

\_\_\_\_\_

Finely ground: \_\_\_\_\_

\_\_\_\_\_

Pureed: \_\_\_\_\_

\_\_\_\_\_

List any special equipment needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

## SAMPLE B

### Medical Statement for Children without a Disability with Special Dietary Needs

(To be completed by a licensed physician or medical authority)

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Identify the medical or other special dietary condition which restricts the child's diet:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the food or foods to be omitted from the child's diet:

\_\_\_\_\_

\_\_\_\_\_

Identify the food or choice of foods to be substituted:

\_\_\_\_\_

\_\_\_\_\_

List food(s) that require texture modifications:

Cut or chopped to bite-size pieces: \_\_\_\_\_

\_\_\_\_\_

Finely ground: \_\_\_\_\_

\_\_\_\_\_

Pureed: \_\_\_\_\_

\_\_\_\_\_

List any special equipment needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Medical Authority



**To file a complaint of discrimination, you may contact one of the following agencies:**

**U.S. Department of Education**

*Office for Civil Rights*

*600 Superior Avenue, East, Suite 750*

*Cleveland, Ohio 44114*

*(216) 522-4970*

Online complaints with the U.S. Dept. of Education may be filed at:

<http://www.ed.gov/about/offices/list/ocr/complaintintro.html>

**United States Department of Agriculture**

*Director, Office of Civil Rights*

*Room 326-W, Whitten Building*

*1400 Independence Avenue, S.W.*

*Washington, D.C., 20250-9410*

*(202) 720-5964*

**Ohio Department of Education**

*Office for Exceptional Children*

*Attn: Assistant Director of Procedural Safeguards*

*25 South Front Street, 4th Floor, #409*

*Columbus, Ohio 43215*

*(614) 466-2650, or (877) 644-6338 toll free*

**For additional information, or for answers to your individualized questions, you may contact:**

**Ohio Department of Education**

*Office of Safety, Health & Nutrition*

*25 South Front Street, 4th Floor, #409*

*Columbus, Ohio 43215*

*(614) 466-2945 or (800) 808-6325*

**Ohio Coalition for the Education of Children with Disabilities**

*165 West Center Street, Suite 302*

*Marion, Ohio 43302*

*(740) 382-5452 or (844) 382-5452*







**OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES**  
165 WEST CENTER STREET, SUITE 302 · MARION, OHIO 43302 · 1-844-382-5452  
[www.oceed.org](http://www.oceed.org)