

# **SPECIAL DIETS**

**POTENTIAL NEW SPONSOR WORKSHOP SPRING 2021**



**Click on the link below to access the recorded training:**

<https://alsde.webex.com/alsde/lsr.php?RCID=07bc9b888b904a958d07ebee9e2937bf>

# AGENDA

- **REQUIREMENTS**
- **WRITTEN MEDICAL STATEMENT**
- **ACCOMMODATIONS NOT REQUIRED**
- **DIET PRESCRIPTION FORM**

**WHAT IS THE CENTRAL CONCERN IN  
ACCOMMODATING SPECIAL DIETS?**

**TO ENSURE THAT CHILDREN WITH  
DISABILITIES HAVE AN EQUAL OPPORTUNITY  
TO PARTICIPATE IN AND BENEFIT FROM THE  
NSLP AND THE SBP!**



# USDA REQUIRES DISTRICTS TO:



- PROVIDE SPECIAL MEALS, **AT NO EXTRA CHARGE**, TO CHILDREN WITH A DISABILITY WHEN THE DISABILITY RESTRICTS THE CHILD'S DIET. (7 CFR 15B.26(D))
- MAKE SUBSTITUTIONS TO MEALS TO ACCOMMODATE CHILDREN WITH DISABILITIES THAT RESTRICT THEIR DIET. (7 CFR 210.10(M) AND 220.8(M))
- ONLY WHEN SUPPORTED BY A WRITTEN STATEMENT FROM A STATE LICENSED HEALTHCARE PROFESSIONAL (PHYSICIAN, NP, PA) WHO IS AUTHORIZED TO WRITE MEDICAL PRESCRIPTIONS UNDER STATE LAW.

**SFAS MUST REQUIRE A  
WRITTEN MEDICAL  
STATEMENT IN ORDER TO  
RECEIVE REIMBURSEMENT  
FOR MEALS SERVED TO  
CHILDREN WITH  
DISABILITIES THAT DO  
NOT MEET PROGRAM  
MEAL PATTERN  
REQUIREMENTS.**



# WHAT MUST BE INCLUDED IN A WRITTEN MEDICAL STATEMENT?

- A DESCRIPTION OF THE CHILD'S IMPAIRMENT THAT IS SUFFICIENT TO ALLOW THE CAFETERIA TO UNDERSTAND HOW IT RESTRICTS THE CHILD'S DIET
- AN EXPLANATION OF WHAT MUST BE DONE TO ACCOMMODATE THE DISABILITY
- THE FOOD OR FOODS TO BE OMITTED AND RECOMMENDED ALTERNATIVES, IN THE CASE OF A MODIFIED MEAL
- **\*IT IS NOT NECESSARY TO OBTAIN A SEPARATE MEDICAL STATEMENT IF THE CHILD'S IEP OR 504 PLAN INCLUDES THE INFORMATION REQUIRED IN THE MEDICAL STATEMENT\***

# WHEN IS ACCOMMODATION NOT REQUIRED?



**WHEN IT IS NOT A DISABILITY,**  
**SUCH AS:**

- **RELIGIOUS PREFERENCE**
- **CULTURE PREFERENCE**
- **FOOD PREFERENCES**



## Diet Prescription for Meals at School

This file is to be maintained for use within the school cafeteria.

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

Name of School: \_\_\_\_\_

**\*To be completed by a Licensed Physician, Licensed Physician's Assistant, or Nurse Practitioner\***

Student's Diagnosis (optional): \_\_\_\_\_

Major life activity affected by the disability \_\_\_\_\_

**Diet Prescription-** **please attach additional instructions if necessary.** Be specific with instructions. This form is used to provide guidance for cafeteria staff.

### Foods to Omit (Due to Allergy or Sensitivity)

Food to Omit: <input type="text"/>	Food(s) to Substitute: <input type="text"/> <input type="text"/> <input type="text"/>
Food to Omit: <input type="text"/>	Food(s) to Substitute: <input type="text"/> <input type="text"/> <input type="text"/>

**\*\*If foods are listed to be omitted from the diet, specifics on foods to substitute MUST be provided.**

### Other Diet Modifications (Check All that Apply):

Special Diet	Information Required
<input type="checkbox"/> Modified Carbohydrate	Grams per meal (range)
<input type="checkbox"/> Increased Calorie	Calories per meal (range)
<input type="checkbox"/> Decreased Calorie	Calories per meal (range)
<input type="checkbox"/> Modified Texture	Textures Allowed (i.e. ground, pureed)
<input type="checkbox"/> Other (Please specify):	Instructions:
<input type="checkbox"/> Other (Please specify):	Instructions:

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

\_\_\_\_\_  
State Licensed Healthcare Professional Signature

\_\_\_\_\_  
Date

\*It is recommended that the diet prescription be renewed annually.

# DIET PRESCRIPTIONS

- **DIET MODIFICATIONS ORDERED BY A LICENSED HEALTHCARE PROFESSIONAL (NP, PA, PHYSICIAN) MUST BE HONORED**
  - **KEEP DOCUMENTATION ON FILE**
  - **CANNOT USE OVS TO AVOID OFFERING A SUBSTITUTION**
- **CULTURAL OR RELIGIOUS REQUESTS CAN BE MADE, BUT DO NOT HAVE TO BE HONORED**
- **GUIDANCE:**
  - **SP40-2017**
  - **SP59-2016**
- **WEBINAR PROVIDED BY THE STATE ON THE ALSDE WEBSITE**

# QUESTIONS



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