

School Diet Management Plan

This form can be added to your IEP for your child's diet needs at school.

Section 504 of the Rehabilitation Act of 1973 assures that students with special needs will have access to school meal service even if meal adaptations are needed because of their medical condition.

1. Name of student for whom special meal plan is required:

2. Medical condition that requires the student to have a special meal plan:

3. *Foods and amounts prescribed (Ex. Serving size, calories, low-fat, etc)

Breakfast _____

Lunch _____

4. *Specific snacks and classroom treats allowed (Ex. Classroom parties, outings, crafts using food, field trips, rewards)

5. *School plan required to prevent acquisition of non-prescribed food (Ex. Supervision, monitoring, peer support, shadowing. etc.)

6. *Additional information:

I certify that the above named student requires a special diet management plan as described above because of the student's disability or chronic medical condition.

Physician's Signature

Dietitian/Nutritionist Signature

Address and phone number of Physician:

Address and phone number of Dietitian/
Nutritionist: