

## **CRENSHAW CO SCHOOLS**

### **Diet Letter and Form Procedures**

1. Form is posted on Forms and Links section of CNP – CCBOE website
2. Accommodating Special Dietary Needs in the School Nutrition Program diagram posted on CNP – CCBOE website
3. Cafeteria managers and School Nurses collaborate with each other and school administration to have forms in the beginning of year packets.
4. Cafeteria managers and School Nurses collect forms and share with each other. They use these forms to prepare safe and nutritious menus by collaborating with parents, students if applicable while following the prescription signed by the medical professional.
5. Before new forms are received:
  - a. Managers and nurses follow previous years forms guidelines if available
  - b. Follow parents and students' verbal instructions and follow-up with parents until a medical prescription form is received.
  - c. Allergies are noted in TITAN and a list is provided to staff serving and preparing meals by the manager to ensure the safety of the students.
  - d. All student information is protected to ensure compliance with state and federal laws.
6. After new forms are received:
  - a. Updates are made to student information in TITAN and the nurses office

# Diet Prescription for Meals at School

Date:

Name of Student:

LEA:

School Attended by Student:

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*Information below to be completed by recognized medical authority.*

**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 Prescription** (Check all that apply)

☐ Diabetic

☐ Reduced Calorie

☐ Increased Calorie

☐ Modified Texture

☐ Other (Describe) \_\_\_\_\_

**Foods Omitted** (Please check food groups to be omitted.)

☐ Meat and Meat Alternates

☐ Milk and Milk Products

☐ Bread and Cereal Products

☐ Fruits & Vegetables

☐ Other (Describe) \_\_\_\_\_

**Substitutions** (Please provide suggested substitutions for omitted foods or attach information.)

**Textures Allowed** (Check the allowed texture)

☐ Regular

☐ Chopped

☐ Ground

☐ Pureed

**Other Information Regarding Diet or Feeding** (Please provide additional information on the back of this form or attach to this form.)

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.

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State Licensed Healthcare Prof./ Registered Dietitian

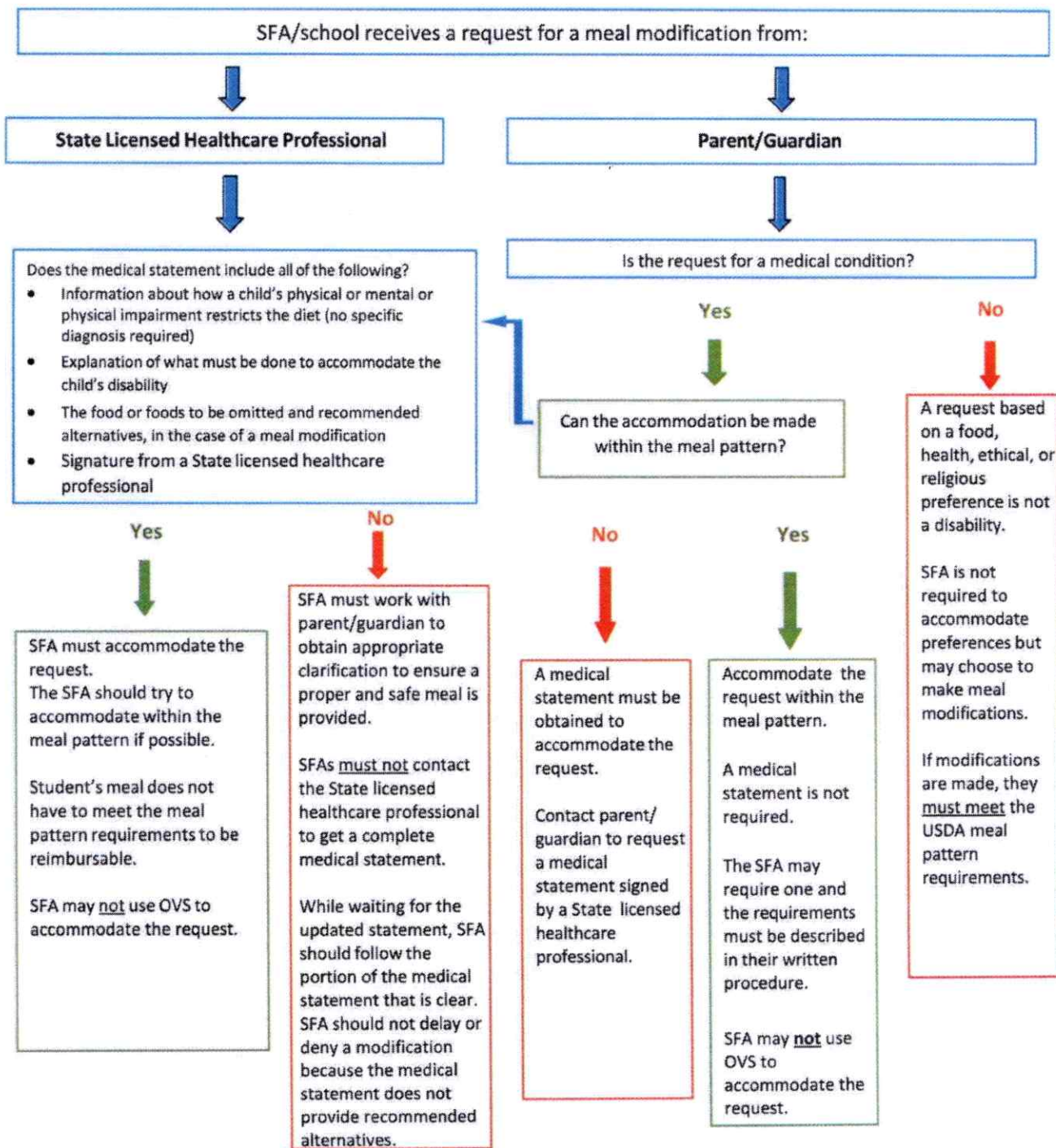
Office #

Date

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

# Accommodating Special Dietary Needs in the School Nutrition Program

This flow chart describes the SFA process for handling requests for modifications.



## Citations and References:

1. [P 40-2017 2017 Edition Disability Manual \(azureedge.us\)](#)
2. [Accommodating Disabilities in the School Meal Programs: Guidance and Q&As | Food and Nutrition Service \(usda.gov\)](#)
3. [Modifications to Accommodate Disabilities in the School Meal Programs | Food and Nutrition Service \(usda.gov\)](#)

It is recommended, but not required, that the diet prescription be renewed annually.

This institution is an equal opportunity provider.